



Review Article

CONCEPTUAL ANALYSIS OF VICHARCHIKA AND ITS CORRELATION WITH ECZEMA

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ABSTRACT

Vicharchika (ICD-11: SN43 – Eczema disorder), described under *Kshudra Kushtha* in classical Ayurvedic literature, represents a chronic dermatological disorder characterized by *Kandu* (pruritus), *Pidika* (eruptions), *Srava* (discharge), and *Shyava Varna* (hyperpigmentation). Although traditionally regarded as manageable, its recurrent and persistent nature reflects therapeutic complexity. The clinical features of *Vicharchika* show notable similarity with Eczema described in contemporary dermatology. **Materials and Methods:** A comprehensive textual analysis was undertaken using primary Ayurvedic *Samhitas* including the *Brihatrayi*, *Laghutrayi* and their principal commentaries. References concerning *Nidana* (aetiology), *Samprapti* (pathogenesis), *Lakshana* (clinical manifestations), and *Chikitsa* (management principles) of *Vicharchika* were systematically compiled and critically interpreted. These classical concepts were comparatively examined with contemporary descriptions of eczema. **Conclusion:** *Vicharchika* demonstrates substantial conceptual and clinical parallels with eczema in terms of symptomatology, chronicity and systemic involvement. However, Ayurveda interprets the condition through a broader etiopathogenetic framework involving *Dosha–Dushya* interaction, *Agni* and *Srotodushti*. This perspective provides a holistic and principle-based foundation for long-term disease management beyond symptomatic control.

INTRODUCTION

Dermatological disorders hold considerable importance in both classical Ayurvedic literature and contemporary medicine due to their chronicity and impact on quality of life. In Ayurveda, skin diseases are broadly described under the term *Kushtha*, encompassing various pathological conditions of the skin. *Kushtha* is classified into *Mahakushtha* and *Kshudra Kushtha* based on severity and tissue involvement^[1,2]. Among the subtypes of *Kshudra Kushtha*, *Vicharchika* is identified as a distinct clinical entity characterized by *Kandu* (itching), *Pidika* (eruptions), *Bahu Srava* (excessive discharge), and *Shyava varna* (discoloration)^[1].

Classical texts describe *Kushtha* as a *Tridoshaja* disorder with prominent involvement of *Rakta*, thereby categorizing it under *Raktapradoshaja* lifestyle disturbances *Vikara*^[3]. The pathogenesis involves vitiation of *Twak*, *Rakta*, *Mamsa* and *Ambu* indicating multi-tissue participation in disease manifestation^[4]. Aggravation of *Doshas* due to improper diet, incompatible food combinations and suppression of natural urges leads to impairment of *Agni* and formation of *Ama*, which sustains chronicity. *Vagbhata* emphasizes *Sa-Kandu* (associated with itching) and *Lasika-adhya* (exudative lesions) as cardinal features of *Vicharchika*, suggesting an inflammatory and relapsing course^[5].

In contemporary dermatology, eczema is described as a chronic inflammatory skin condition characterized by pruritus, erythema, exudation and lichenification^[6]. The symptomatic resemblance between *Vicharchika* and eczema is well appreciable, particularly in terms of itching, discharge, skin thickening and recurrent episodes. However, Ayurveda interprets the condition through a systemic framework

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involving *Dosha-Dushya* interaction and metabolic imbalance rather than a purely localized pathology.

Therefore, there is a need of systematic conceptual analysis of *Vicharchika* grounded in classical Ayurvedic Samhitas and examined in relation to eczema. This may enhance clarity regarding its pathogenetic basis and clinical features, thereby strengthening the theoretical foundation for integrative and rational management techniques.

Etymological Derivation of Vicharchika

The word *Vicharchika* is derived from the Sanskrit expression "*Charch Adhyane*" with the addition of the prefix "*Vee*" to it^[7]. The term *Adhyane* can be understood as consisting of two components: "*Adhi*" meaning "over" or "above," and "*Ayane*" meaning to spread or move outward. Thus, the derivation conveys the sense of a condition characterized by spreading over the surface in a distinctive or intensified manner.

Classical Definition of Vicharchika

Vicharchika is enumerated under *Kshudra Kushtha* in the classical Ayurvedic Samhitas. *Acharya Charaka* describes it as a dermatological disorder characterized predominantly by *Kandu* (itching), *Pidika* (eruptive lesions), and *ShyavaVarna* (dark discoloration). The condition is considered a manifestation of *Tridoshaja* vitiation with significant involvement of *Rakta*.

Acharya Charaka elaborates that *Kushtha*, including *Vicharchika*, arises due to the vitiation of *Doshas* along with *Twak*, *Rakta*, *Mamsa* and *Lasika* (*Ambu*), resulting in structural and functional disturbance of the skin.^[4] *Vagbhata* emphasizes the presence of profuse discharge (*Lasikadhya*) and severe pruritus as defining features indicating its inflammatory and exudative nature.^[5] Thus, classical definitions collectively describe *Vicharchika* as a chronic, pruritic and exudative skin disorder arising from *Dosha-Dushya* interaction.

Nidana of Vicharchika

In Ayurveda, *Vicharchika* is included under the spectrum of *Kushtha Roga*. Hence, the etiological factors described for *Kushtha* are also considered responsible for the manifestation of *Vicharchika*. *Acharya Charaka* states that *Kushtha* does not occur due to the vitiation of a single *Dosha* but results from the simultaneous vitiation of *Tridosha* along with *Twak*, *Rakta*, *Mamsa* and *Ambu* (*Lasika*), collectively known as *Sapta Dravya Sangraha* ^[8,9]. The *Nidana* of *Vicharchika* can broadly be classified into three categories namely *Aharaja* (dietary), *Viharaja* (lifestyle) and *Acharaja* (behavioural) *Nidana* ^[10,11,12,13].

Aharaja Nidana (Dietary causes)

Mainly includes the intake of *Viruddha Ahara* (incompatible food combinations) and improper dietary habits. Classical texts mention the consumption of incompatible food combinations such as fish with milk, *Mulaka* (*Raphanus Sativus*) with milk or *Guda* (jaggery) and excessive intake of *Madhu* (honey), *Phanita* (molasses), *Navanna* (newly harvested cereals), *Dadhi* (curd/yogurt), *Matsya* (fish and seafood), *Amla* (*Emblica officinalis*), and *Lavana* (salt and salty food items) as important causes. Similarly, continuous consumption of food articles like oil extracted from *Kola* (*Ziziphus jujuba*), *Kulattha* (*Macrotyloma uniflorum*), *Masha* (*Vigna mungo*), *Atasi* (*Linum usitatissimum*), *Kusumbha* (*Carthamus tinctorius*) and eating during *Ajeerna* (indigestion), *Adhyashana* (overeating before digestion of the previous meal) and *Asatmya Ahara* (unwholesome diet) also aggravate *Doshas* and contribute to the pathogenesis of *Kushtha*.

Viharaja Nidana (Lifestyle causes)

Includes improper lifestyle practices such as excessive exercise, exposure to heat after meals, sexual activity during indigestion and sudden exposure to cold water after heat, fear or exhaustion. *Vega Vidharana* which is the suppression of natural urges such as vomiting, urination, defecation and sweating is specifically mentioned as a contributory factor in *Kushtha*, as it disturbs *Dosha* movement and *Srotas* function. *Panchakarma Apacharana* (improper administration or neglect of indicated purification therapies) may result in incomplete elimination of vitiated *Doshas*, leading to persistence or aggravation of the disease.

Acharaja Nidana (Behavioural causes)

Classical texts mention acts such as disrespect towards teachers, elders and *Brahmanas*, sinful activities, and indulgence in immoral conduct as factors that disturb mental balance and indirectly contribute to the development of *Kushtha* including *Vicharchika*.

Thus, the combined effect of faulty diet, improper lifestyle and unethical behaviour leads to the aggravation of *Tridosha* which vitiates *Twak*, *Rakta*, *Mamsa* and *Ambu*, ultimately producing the clinical manifestations of *Vicharchika*.

Purvarupa of Vicharchika ^[14,15,16]

Although *Vicharchika* is not described with distinct prodromal features in the classical texts, the *Purvarupa* of *Kushtha* are considered applicable in understanding its early manifestations. The classical descriptions state:

Ayurvedic Term	Modern Interpretation	Charaka (C.S. Chi. 7/11-12)	Sushruta (Su.S. Ni. 5/4)	Vagbhata (A.H. Ni. 14/11-12)
<i>Sparshajnatva / Svapa</i>	Hypoesthesia, numbness, sensory impairment	+	+	+
<i>Ati-sveda / Sveda-bahulya</i>	Hyperhidrosis (excessive sweating)	+	+	-
<i>Asveda</i>	Anhidrosis, reduced sweating	+	+	+
<i>Vaivarnya / Vivarnata</i>	Skin discoloration, pigmentation changes	+	-	+
<i>Krishnata / Karshnya</i>	Blackish discoloration, hyperpigmentation	+	+	+
<i>Tvak-parushya / Khara Sparsha</i>	Rough, dry skin	-	+	+
<i>Ati-shlakshna Sparsha</i>	Abnormally smooth skin texture	-	-	+
<i>Kandu</i>	Pruritus (itching)	+	+	+
<i>Stoda</i>	Pricking, tingling pain	+	-	+
<i>Daha</i>	Burning sensation	+	-	+
<i>Kotha</i>	Wheals, urticarial eruptions	+	-	+
<i>Unnati</i>	Raised plaques, elevated lesions	+	-	+
<i>Roma-harsha</i>	Piloerection (gooseflesh)	+	+	+
<i>Shrama</i>	Fatigue	+	-	+
<i>Klama / Kheda</i>	Lassitude, malaise	+	-	+
<i>Vrana</i>	Ulcerative lesions	+	-	+
<i>Kshata-visarpana</i>	Delayed wound healing/spreading lesions	-	-	-
<i>Adhika Shoola</i>	Severe pain in lesions	+	-	+
<i>Shighrotpatti</i>	Rapid onset of lesions	+	-	+
<i>Chira-sthiti</i>	Chronic persistence of lesions	+	-	+
<i>Rukshatva after healing</i>	Xerosis, dryness of healed skin	-	-	+
<i>Nimitte Alpe Api Kopanam</i>	Exaggerated flare-up with minor triggers	-	-	+

Rupa of Vicharchika

According to *Acharaya Charaka*, *Vicharchika* is characterized by *Kandu* (itching), *Piḍika* (skin eruptions), *Srava* (oozing or discharge), and *Shyava Varṇa* (dark discoloration of the skin). In chronic stages, the lesions may show thickening and roughness of the skin due to persistent inflammation and scratching^[1]. According to *Acharaya Sushruta*, *Vicharchika* is characterized by *Raji* (linear markings on the skin), *Ati Kandu* (severe itching), *Artiruja* (severe pain) and *Rukshata* (dryness of the skin). When the same condition occurs in the feet, associated with *Kandu* (itching), *Daha* (burning sensation) and *Ruja* (pain) it is known as *Vipadika*^[17]. *Acharaya*

Vagbhata states *Vicharchika* is characterized by *Sa Kandu* (itching), *Piṭika* (eruptions), *Shyava Varṇa* (dark discoloration of the skin) and *Lasikaḍhya* (profuse exudation or oozing from the lesions)^[5].

Samprapti of Vicharchika^[8,11,12]

Since *Vicharchika* is described as a type of *Kshudra Kushta* in classical Ayurvedic texts, a separate *Samprapti* is not described. Therefore, its pathogenesis can be understood from the general *Kushta Samprapti* mentioned in *Charaka Samhita*, *Sushruta Samhita* and *Ashtanga Hridaya*. *Vicharchika* mainly develops due to improper diet and lifestyle (*Mithya Ahara-Vihara*). Frequent intake of heavy (*Guru*), incompatible

(*Viruddha*), unwholesome (*Asatmya*) and improperly digested food (*Ajirna Ahara*), along with combinations such as milk with fish, excessive consumption of *Anupa Mamsa* (meat of marsh-dwelling animals) and *Audaka Mamsa* (meat of aquatic animals) and unhealthy habits like suppression of natural urges, excessive exertion after therapies like *Snehana* or *Vamana* or sudden exposure to cold after heat, disturb the balance of the *Tridoṣa*. Among them, *Kapha* and *Pitta* usually become more dominant, while *Vata* helps in spreading the vitiated *Doshas* throughout the body.

These aggravated *Doshas* move through the *Tiryak-gata Sira* and localize in *Twak* (skin), *Rakta* (blood), *Mamsa* (muscle), and *Lasika* (lymphatic fluid/serous fluid) which are the main tissues involved in skin diseases. When the vitiated *Doshas* interact with these tissues (*Dosha-Dushya Sammurchana*), pathological changes begin to appear in the skin. *Kapha* is mainly responsible for symptoms like *Kandu* (itching), *Pidika* (eruptions) and *Srava* (oozing), while *Pitta* produces burning sensation and discoloration of the skin. The involvement of *Vata* contributes to dryness, thickening of the skin and chronicity of the

lesions. As a result of this process, the disease manifests on the skin with typical features such as intense itching, eruptions, oozing, discoloration and thickened rough skin, which are the characteristic features of *Vicharchika*. If the causative factors continue and proper treatment is not taken, the condition tends to become chronic and recurrent due to persistent *Dosha* aggravation and tissue involvement. The pathogenesis begins with exposure to *Nidana*, leading to *Dosha* aggravation. Impaired *Agni* results in *Ama* formation, which combines with vitiated *Doshas* and localizes in *Twak*, *Rakta*, *Mamsa* and *Lasika*. This *Dosha-Dushya Sammurchana* produces characteristic cutaneous manifestations. Chronicity is sustained by persistent metabolic impairment and *Srotodushti*.

Acharya Bhoja has described the pathogenesis of *Vicharchika* and *Vipadika* together, stating that when vitiated *Doshas* localize in *Twacha* and *Mamsa*, producing symptoms such as *Kandu* and *Daha*, the condition is termed *Vicharchika*, whereas similar manifestations occurring in the feet are known as *Vipadika*. (*Dalhana on Sushruta*)^[18].

Samprapti Chakra



Samprapti Ghataka

Dosha: *Tridosha* (Acharya Charaka-Kapha-pradhana)
 (Acharya Sushruta- *Pitta*-pradhana)
Dushya: *Twak*, *Rakta*, *Mamsa*, *Lasika*
Agni: *Jatharagni* and *Dhatvagni* impairment
Srotas: *Rasa*, *Rakta*, *Mamsavaha*
Srotadusti: *Sanga* and *Vimargagamana*
Adhithana: *Twak*

Dushya

Twak, Rakta, Mamsa, and Ambu are the principal *Dushyas* involved in *Vicharchika*. *Acharya Charaka* has stated in *Nidana Sthana* that when these four *Dushyas* are vitiated by aggravated *Tridosha*, various forms of *Kushtha* manifest ^[9].

Twak: *Twacha* is the *Indriya-adhithana* of *Sparshanendriya* with *Vata* predominance. Its vitiation produces symptoms such as *Kandu, Rukshata*, and *Vedana*.

Rakta: *Rakta-dushti* leads to manifestations like *Shotha, Raga, Vaivarnya (Shyavata)*, and *Kandu*, described as *Shonitaja Vikara*.

Mamsa: Progression of *Dosha* into deeper *Dhatu* causes *Mamsa-dushti*, producing *Toda, Sphota, Karkashata*, and *Pidika*.

Ambu: *Charaka* describes *Vicharchika* as *Bahusravayukta*, while *Vagbhata* mentions it as *Lasikadhya*. Features such as *Srava, Praklinna*, and *Lasika* indicate *Ambu-dushti*.

Srotas and Srotadushti

Srotas are the channels responsible for transportation and circulation within the body. In *Vicharchika*, *Rasavaha, Raktavaha, Mamsavaha*, and *Udakavaha Srotas* are mainly involved. *Lakshanas* such as *Bahusrava* and *Raukshya* are associated with *Rasavaha Srotodushti*, while *Kandu* and *Sthiratva* are related to *Mamsavaha Srotodushti*. Two types of

Srotodushti are observed in this condition, namely *Sanga* and *Vimargagamana*, where *Doshas* move from *Kostha* to *Shakha*. Accumulation of *Ama* with *Dosha* and *Dhatu* at the site of *Khavaigunya* leads to obstruction of *Srotas* and contributes to the manifestation of *Vicharchika*.

Ama and Agni

Disturbance of *Agni* is considered the fundamental cause of disease in *Ayurveda*. *Mithya Ahara, Ahita Ahara*, and *Viruddha Ahara* leads to *Jatharagni Mandya*, which further results in *Dhatvagni Mandya* and formation of *Ama*. The *Ama* thus produced, along with vitiated *Doshas*, plays an important role in the pathogenesis of *Vicharchika*. Due to its toxic nature, *Ama* is often compared with *Visha* and termed *Amavisha*.

The initial *Dosha Sanchaya (Udbhava Sthana)* occurs in *Amashaya*. Subsequently, during *Sanchara*, provoked *Vata* carries aggravated *Pitta* and *Kapha* towards the *Bahyamarga*. Finally, the *Doshas* localize in *Twak* and *Mamsa*, which act as the *Adhithana* of the disease, leading to the manifestation of *Vicharchika*.

Pathya and Apathya in the Vicharchika

As *Vicharchika* is a type of *Kushta* (Skin disease). *Pathya* (wholesome) and *Apathya* (unwholesome) diets and lifestyles explained in context of *Kushta* can be applied for *Vicharchika* too.

Table 1: List of Pathya for Vicharchika ^[19]

No.	Pathya Dravya / Ahara	CS	SS	AH	BR
1	Laghu Anna	+		+	
2	Tikta Shaka	+		+	+
3	Purana Dhanya	+	+		
4	Jangala Mansa	+	+	+	+
5	Shastika Shali, Yava, Godhuma, Uddalak	+	+	+	
6	Masura			+	+
7	Ghrita	+			+
8	Mudga	+		+	+
9	Triphala	+		+	+
10	Bhallataka	+	+	+	+
11	Nimba	+	+	+	+
12	Patola		+	+	+
13	Adhaka		+	+	+
14	Vasa				+
15	Chitraka	+	+	+	+
16	Parisheka / Avagaha of Khadira				+
17	Brihati Phala				+

Table 2: List of Apathya for Vicharchika [19]

No.	Apathya Ahara / Vihara	CS	SS	AH	BR
1	Guru Anna	+		+	
2	Dugdha	+	+	+	+
3	Dadhi	+	+	+	+
4	Amla Rasa	+	+	+	+
5	Guda	+	+	+	+
6	Tila	+		+	+
7	Anupa Mansa	+		+	+
8	Matsya	+			
9	Mansa and Vasa		+		
10	Taila		+		
11	Masha		+	+	+
12	Kulatha		+		
13	Ikshu Vikara		+		+
14	Mulaka				+
15	Madhya				+
16	Lavana	+		+	+
17	Vidahi Anna		+		+
18	Abhishyandi Anna		+		
19	Vishtambhi Anna				+
20	Maithuna		+		+
21	Navanna				+

DISCUSSION

Vicharchika is one of the *Kshudra Kushta* described in Ayurvedic classics and is characterized by clinical features such as *Kandu* (itching), *Pidika* (eruptions), *Shyava Varna* (discoloration), *Bahu Srava* (profuse discharge), *Rukshata* (dryness), and *Raji* (lichenification or skin markings)^[1,17]. The symptomatology described by *Acharya Charaka*, *Sushruta* and other classical texts contains remarkable resemblance to the clinical features of eczema. While eczema is understood in contemporary medicine as a chronic inflammatory skin disorder associated with epidermal barrier dysfunction, immune dysregulation and genetic predisposition, Ayurveda explains the condition through a broader framework involving *Dosha-Dushya Sammurchana*, *Agnimandya*, *Ama* Formation and *Srotodushti*.

Although all varieties of *Kushta* are considered *Tridoshaja*,^[4] classical descriptions indicate a predominance of *Kapha Dosha* during the initial stages of *Vicharchika* as manifested by *Kandu*, *Pidika*, *Shyava Varna* and *Srava*. As the disease progresses, manifestations such as *Rukshata*, *Raji* and pain become evident, suggesting the increasing involvement of *Vata*

Dosha and deeper tissue pathology. This clinical progression closely parallels the evolution of eczema, where acute lesions are characterized by erythema, edema, vesiculation and exudation, whereas chronic lesions demonstrate dryness, scaling, excoriation and lichenification. Thus, the Ayurvedic description of stage wise *Dosha* predominance offers a dynamic explanation for the changing clinical presentation observed in eczema.

The etiopathogenesis of *Vicharchika* starts with *Mithya Ahara*, *Ahita Ahara* and *Viruddha Ahara*, leading to impairment of *Jatharagni* and subsequent production of *Ama*. The resulting toxic metabolic products interact with vitiated *Doshas* particularly *Kapha*, *Pitta* and *Rakta*, and localize in susceptible tissues such as *Tvak*, *Rakta*, *Mamsa* and *Ambu*. Contemporary studies similarly indicate that dietary factors, altered gut microbiota, immune activation, and systemic inflammation contribute significantly to the pathogenesis and exacerbation of eczema. The Ayurvedic concept of *Ama* may therefore be interpreted as a state of metabolic and inflammatory

dysregulation that predisposes individuals to chronic inflammatory disorders.

A notable similarity between the two systems is the central role of inflammation. Classical texts consistently describe *Kushta* as a *Raktapradoṣaja Vikara*, emphasizing the involvement of *Rakta* along with *Pitta* in disease development^[3]. In modern dermatology, eczema is characterized by activation of T-helper lymphocytes, cytokine release, increased immunoglobulin E levels and persistent cutaneous inflammation. The Ayurvedic concept of *Rakta Duṣṭi* may therefore represent a broader understanding of inflammatory and immunological disturbances responsible for cutaneous manifestations.

Contemporary management of eczema primarily focuses on symptom control through emollients, topical corticosteroids, calcineurin inhibitors, Janus kinase inhibitors and immunomodulatory agents. While these therapies effectively reduce inflammation and pruritus, relapse of the symptoms when the medications are discontinued is a common issue. Also, long-term therapy may be associated with adverse effects. Ayurveda approaches *Vicharchika* as a systemic disorder and emphasizes restoration of *Agni*, elimination of vitiated *Doṣhas* through *Shodhana* and correction of dietary and lifestyle factors through *Pathya-Apathya*. This holistic approach aims not only at symptomatic relief but also at addressing the underlying pathological mechanisms responsible for recurrence.

Thus, despite differences in terminology and the foundational theories, there is enough conceptual overlap between *Vicharchika* and eczema. Both conditions are chronic, relapsing inflammatory skin disorders characterized by itching, discharge, discoloration, dryness and skin thickening. The Ayurvedic framework provides a systemic and individualized understanding of disease pathogenesis whereas contemporary dermatology offers detailed insights into immunological and molecular mechanisms. Integrating these perspectives may contribute to a better understanding of the disease and support the development of holistic strategies for long-term management.

CONCLUSION

Vicharchika as *Tridoṣaja*, *Raktapradoṣaja Vikara* involving *Tvak*, *Rakta*, *Mamsa* and *Svedavaha Srotas* while contemporary medicine recognizes eczema as a chronic inflammatory skin disorder characterized by immune dysregulation, barrier dysfunction and recurrent exacerbations. The Ayurvedic concepts of *Agnimandya*, *Ama*, *Doṣa-Duṣya Sammurchana* and *Srotoduṣṭi* provide a holistic

explanation for disease initiation, progression and recurrence, which is conceptually similar to contemporary understanding of systemic inflammation and immune mediated pathology. Although differences exist in theoretical frameworks, there is close correlation between the symptomatology and pathogenesis of *Vicharchika* and eczema. Integrating classical Ayurvedic knowledge with contemporary dermatological insights may facilitate a more comprehensive understanding of the disease and contribute to the development of effective, patient centred and sustainable management strategies.

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