

A Case Report on Successful Ayurvedic Management of *Vicharchika* (Eczema)

SADHANA DURGAPRASAD MISAR¹, KAUSTUBH VILASRAO KHARCHE², KETKI RAJESH WAJPEYI³

ABSTRACT

Vicharchika is one of the skin disorders explained in the *Kushtha Chikitsa Adhyaya*. It can be correlated with eczema in modern science due to its similar manifestations. In Ayurveda, *Shodhana* (purification) and *Shamana* (palliative) therapy are described for *Vicharchika*. A 55-year-old male patient reported to the Kayachikitsa Outpatient Department with the chief complaints of severe itching, pus discharge, painful skin cracks, and scaly patches on the dorsum of both hands and the scalp, persisting for the past two years. He was treated using *Shodhana Chikitsa* with *Vaman* (therapeutic emesis) and *Raktamokshana* (bloodletting) along with *Shamana Chikitsa* with *Aarogyavardhini Vati*, *Panchatikta Ghrita Guggulu*, *Brihatmanjishthadi Kwath*, and local application of *Karanj Taila*. All formulations used in this case have properties like *Kushthaghna* (anti-leprosy), *Kandughna* (anti-pruritic), and *Krimighna* (antibacterial), which help in breaking the pathogenesis and reducing the symptoms. Ayurvedic *Shodhana* and *Shamana Chikitsa* are useful in the treatment of *Vicharchika*.

Keywords: Anti-pruritic, Ayurveda, Scaly patches, Severe itching, Skin disorders

CASE REPORT

A 55-year-old male patient presented with chief complaints of itching (*Kandu*), pus discharge (*Strava*), discolouration of the skin (*Vaivarnya*), dryness (*Rukshata*), and scaly patches along with pain (*Ruja*) on the dorsum of both hands and the scalp for the last two years. The patient was alright until two years ago, after which he progressively started developing symptoms such as scaly blackish patches with pain, itching, and oozing of secretion from some lesions on the dorsum of both hands and the scalp. He also had complaints of dryness of the skin of surrounding areas. The patient had no significant history of past illness or any type of allergies. Family history was not significant. He had taken allopathic treatment from a medical practitioner for one and a half years in the form of local Betnesol ointment, tablet Prednisolone, and tablet Cetirizine, but he did not get complete relief; therefore, he came for further Ayurvedic treatment.

Examination of the patient showed the following findings: The general condition of the patient was good. He was well oriented to time, place, and person. Vital parameters were as follows: pulse rate 78/min, blood pressure 130/90 mmHg, temperature 99.4°F, and respiratory rate 16/min. Systemic examination of the Respiratory System (RS), Cardiovascular System (CVS), and Central Nervous System (CNS) was within normal limits. Eight fold examination (*Ashtavidha Pariksha*) was within normal limits as shown in [Table/Fig-1].

Local examination: Scaly, dry blackish patches of 3 to 4 cm with cracked skin found on dorsum of both hands and scalp with pus discharge from some lesions as shown in [Table/Fig-2a,b]. The

S. No.	Pariksha	Observations
1	Nadi	Vatapittaja
2	Mala	Samyak
3	Mutra	Samyak
4	Jivha	Niraam
5	Shabda	Spashta
6	Sparsha	Anushnashita
7	Druk	No pallor, No icterus
8	Akruti	Madhyam Body mass index (BMI)-21 Kg/m2

[Table/Fig-1]: Eight fold examination (*Ashtavidha Pariksha*).

lesions were dry, thick and rough texture with slight raised local temperature and mild tenderness. Complete blood count and random blood sugar reports are presented in [Table/Fig-3] [1].

Differential Diagnosis- *Ekakushtha*, *Dadru*, *Pama*, *Kitibha*, *Vicharchika*.

Based on the patient's history and local examination, a confirmatory diagnosis of *Vicharchika* (eczema) was made.



[Table/Fig-2]: Images showing lesions on palm and scalp before treatment. a) Lesions on palm; b) Lesions on scalp.

Parameters	Values in patient	Normal values [1]
Haemoglobin (g/dL)	12.4	M (13-15.5)
Total leucocyte count	6800 (cu mm)	4,000-11,000 (cells/ μ L)
Differential leucocyte count		
Neutrophils	63%	40% to 60%
Lymphocytes	31%	20% to 40%
Eosinophils	2%	1% to 4%
Monocytes	4%	2% to 8%
Basophils	0%	0.5% to 1%
RBC count	4.42 (million/cu mm)	4.7-6.1 (million cells/ μ L)
Platelet count	2,85,000 (cu mm)	1.5-4 (lacs/cu.mm)
PCV	43%	40-50%
MCV (fL)	75	80-90
MCH (pg)	28.7	26.5-33.
MCHC (g/dL)	34.8	30-36.5
Bleeding Time (BT) (min)	3	2-6
Clotting Time (CT) (min)	7	7-15
Random blood sugar (mg/dL)	132	M (110-140)

[Table/Fig-3]: Complete blood count and random blood sugar reports.

Therapeutic Intervention

As per Ayurveda principles. *Shodhana* and *Shamana Chikitsa* were planned. In *Shodhana chikitsa*, *Vamana karma* and *Raktamokshana* (3 sittings in 15 days) were administered along with *Shamana chikitsa*.

1. Vaman karma- (Therapeutic emesis):

Vaman is the best therapy mentioned in Ayurveda classics for the management of all types of *Kushtha*. Therefore, *Vaman* was administered to this patient [2].

The patient was examined for *Dosha*, *Bala*, *Agni*, and *Prakriti* to assess fitness for *Vaman*. The findings were as follows: *Dosha* – *Pitta dosha* dominance, *Bala* – *Madhyama*, *Agni* – *Mandagni* And *Prakriti* - *Pittavataja*.

Written consent was obtained before starting the procedure. *Vaman* was planned early in the morning at 6 am and conducted in three steps: *Purva Karma* (pre procedure) as shown in [Table/Fig-4]: *Pradhana Karma* (administration of *Vamana*) as shown in [Table/Fig-5]: and *Pashchat Karma* (post-procedure care).

Formulation	Ingredients	Mode of action	Route, dose, anupan, duration
<i>Agnitundi Vati</i> [3]	<i>Shuddha Parada</i> and <i>Gandhaka Vatsanabha</i> <i>Aconitum ferox</i> (Purified), <i>Triphala</i> , <i>Trikatu Ajamoda</i> (<i>Apium graveolens</i>), <i>Tankan</i> (Purified <i>Borax</i>), <i>Sarijkshara</i> and <i>Yavakshara</i> , <i>Saidhava Sauvarchala</i> & <i>Samudra lavan</i> , <i>Hingu</i> (<i>Asafoetida</i>), <i>Vishamushti</i> (<i>Nux vomica</i>)- <i>Bhavana</i> of <i>Jambir swarasa</i> (<i>Lemon juice</i>)	<i>Deepana</i> (appetite enhancing) and <i>Pachana</i> (digestive), <i>Carminative</i> .	Oral-2 tab twice a day with warm water from day 1 to day 3
<i>Panchatikta ghrita</i> (administration of medicated ghee) [4]	<i>Nimba</i> (<i>Azadirachta indica</i>), <i>Patola</i> (<i>Trichosanthes dioica</i>), <i>Vasa</i> (<i>Adhatoda vasica</i>), <i>Kantakari</i> (<i>Solanum xanthocarpum</i>), <i>Guduchi</i> (<i>Tinospora cordifolia</i>) and <i>Ghrita</i>	<i>Deepan</i> , <i>Pachan</i> , <i>Raktaprasadana</i> , <i>Raktashodhana</i> , <i>Kushtaghna</i> , <i>Kandughna</i> , <i>Varnya</i> .	Orally- for 5 days Day1- 30 mL Day2-60 mL Day3-90mL Day4-120mL Day5-150 mL From day 4 to day 8
<i>Sarvanga Abhyanga</i> (oleation) followed by <i>Sarvanga swedana</i> (fomentation)	<i>Abhyanga-with Tila</i> <i>Taila Nadi sweda-</i> with <i>-dashamool kwatha</i>	Lubrication, <i>doshaukleshana</i> , <i>liquification</i> , and <i>mobilisation</i> of <i>dosha</i>	Externally- On Day 9 and on Day 10

[Table/Fig-4]: Pre-procedural details including the formulation used, with its ingredients, action, route, dosage, anupan (adjuvant), and duration.

Name of Ingredients	Mode of Action	Dose	Duration
<i>Madanphala powder</i>	<i>Vamanopaga</i>	3 gm	45 minutes on day 10
<i>Vacha powder</i>	<i>Vamanopaga</i>	5 gm	
<i>Saindhava</i>	<i>Shodhaka</i>	5 gm	
<i>Honey</i>	<i>Yogavahi</i>	25 mL	
<i>Milk</i>	<i>Vamanopaga</i>	2000 mL	
<i>Yashtimadhu phant</i>	<i>Vamanopaga</i>	1000 mL	
<i>Lavanjala</i>	<i>Vamanopaga</i>	500 mL	

[Table/Fig-5]: *Pradhana Karma*-Ingredients, properties and doses of drugs used in *Vaman*.

Pashchata Karma-Post procedure-

After *Vaman* therapy patient was administered using *Dhumapana* (medicated smoke) with *Dhumavarti* and *Gandusha* (gargling) with lukewarm water.

Patient was assessed for *samyaka Vaman* as shown in [Table/Fig-6]. *Samsarjan krama* (dietary regimen) *Mudga Yushadi kram* was advised for five days after *Vaman*.

Parameters for assessment	Findings in patients
<i>Vegiki</i> (number of bouts),	Total 9 <i>Vegas</i>
<i>Maniki</i> (Measurement of intake and output)	Intake-3500 mL Output-3800 mL
<i>Antiki</i> (<i>Pitta</i> elimination at the end of <i>Vamana</i>)	<i>Pitta</i> appears in last 2 <i>Vegas</i>
<i>Laingiki</i> (signs and symptoms)	Feeling of lightness, clarity, and no nausea

[Table/Fig-6]: Outcome data of *Vaman*.

2. Shaman chikitsa

After completion of *Sansarjana karma*, the patient was given *Aarogyavardhini vati* and *Brihatmanjishtadi Kwatha* internally and *Karanja tail* for local application as shown in [Table/Fig-7]:

3. Raktamokshana (Three Sittings Post-Vamana Therapy) with Shamana Chikitsa

After completion of two weeks of *Shamana chikitsa* three sittings of *Raktamokshana* with *Jalaukacharana* (bloodletting with leech) were performed at an interval of five days. In each sitting, approximately 30-35 mL blood was let out.

Formulations	Composition	Mode of action	Dose, Anupana, Duration
<i>Aarogyavardhini vati</i> [5],	<i>Kutki</i> (<i>Picorzhia kurroa</i>); <i>Chitrak</i> (<i>Plumbago zeylanica</i>), <i>Shuddha Guggulu</i> (<i>Commiphora wightii</i> Arn), and minerals in purified form like mercury, iron, ash of mica, sulfur, <i>Abhrak</i> , and <i>Copper</i> mixed with <i>Nimbapatra swaras</i> (fresh juice of <i>Neem</i> leaves).	Causes elimination of <i>Pitta</i> , pacification of all three <i>dosha</i> , enhances digestive fire, antipruritic and useful in skin disorders [8]. Minerals have quick action as the nano particles help in increase absorption. The minerals in the form of <i>bhasma</i> enhance potency of the drug.	500 mg twice daily after meal For two weeks after <i>Vaman</i> therapy
<i>Brihatmanjishtadi Kwath</i> [6]	<i>Manjishta</i> (<i>Rubia cordifolia</i>), <i>Musta</i> (<i>Cyperus rotundus</i>), <i>Kutaj</i> (<i>Holarthra antidysenterica</i>) <i>Guduchi</i> (<i>Tinospora cordifolia</i>) performing the activity of <i>Kushta</i> – <i>Saussurea lappa</i> , <i>Nagara</i> – <i>ginger</i> , <i>Bharnagi-Clerodendron serratum</i> , <i>Kshudra</i> – <i>Solanum xanthocarpum</i> , <i>Vacha</i> – <i>Acorus calamus</i> , <i>Nimba</i> – <i>Azadirachta indica</i> , <i>Haridra</i> – <i>Turmeric</i> , <i>Patola</i> – <i>Luffa acutangula</i> / <i>Trichosanthes dioica</i> <i>Katuka</i> – <i>Picrorrhiza kurroa</i>	<i>Kaphapitta</i> pacification, blood purification, antipruritic, anti-leprosy (<i>Kushthaghna</i>), and useful in dermatological disorders, thus indicated in all skin disorders	30 mL twice daily after meal with equal amount of water twice a day For 2 weeks after <i>Vaman</i> therapy
<i>Karanja taila</i> [7]	<i>Karanja</i> (<i>Pongamia pinnata</i> Linn), <i>Snuhi</i> (<i>Euphorbia nerifolia</i> Linn), <i>Langli</i> (<i>Gloriosa superba</i> Linn), <i>Arka</i> (<i>Calatropis procera</i> R.Br.), and many herbal drugs.	Antipruritic, antibacterial, antifungal, wound cleaning and wound healing properties	Local application twice a day. For 2 weeks after <i>Vaman</i> therapy
<i>Panchtikta Ghrita Guggulu</i> [8]	<i>Nimba</i> (<i>Azadirachta indica</i>), <i>Patola</i> (<i>Trichosanthes dioica</i>), <i>Vasa</i> (<i>Adhatoda vasica</i>) <i>Kantakari</i> (<i>Solanum xanthocarpum</i>), <i>Guduchi</i> (<i>Tinospora cordifolia</i>) and <i>Ghrita</i> and <i>Guggulu</i>	<i>Shoolahar</i> (Analgesic), <i>Shothahar</i> (anti-inflammatory), <i>Krumighna</i> (Antimicrobial), <i>Kandughna</i> (Antipruritic) activity	500 mg twice daily after meal. Twice a day For 2 weeks after <i>Raktamokshana</i>

[Table/Fig-7]: *Shamana chikitsa*.

During *Raktamokshana*, the patient was given *Shamana chikitsa* drugs such as *Panchatiktaghrita Guggul*, *Brihatmanjishtadi*, *Karanja tail* for further two weeks as shown in [Table/Fig-7]:

Subjective parameters were assessed according to the gradations shown in [Table/Fig-8].

S. No.	Symptoms	Grade 0	Grade 1	Grade 2	Grade 3
1.	Itching (<i>Kandu</i>)	Absent	Mild itching no disturbing normal activity	Occasional itching disturbing normal activity	Severe itching and continuously and even disturbing sleep
2.	Discharge (<i>Strava</i>)	Absent	Watery discharge	Pus discharge	Pus and blood mixed discharge
3.	Pain (<i>Ruja</i>)	Absent	Mild	Moderate	Severe
4.	Discolouration (<i>Vaivarnyata</i>)	Normal skin colour	Reddish discolouration	Reddish black discolouration	Black discolouration
5.	Dryness (<i>Rukshata</i>)	Absent	Dryness present without cracks	Dryness present with superficial cracks	Dryness present with deep cracks

[Table/Fig-8]: Grades of assessment criteria.

Grades of assessment criteria: Gradations for assessment criteria were adapted from the article published by Bhattacharjee A et al., on Vicharchika [9].

Before treatment, all subjective parameters- Itching (*Kandu*), Discharge (*Strava*), Pain (*Ruja*), Discolouration (*Vaivarnyata*), and Dryness (*Rukshata*)- were graded as 3. During the first follow-up, that is, after completion of *Vamana* and 15 days of *Shamana Chikitsa*, the gradation of all symptoms showed improvement. After completing three sittings of *Raktamokshana* along with *Shamana Chikitsa*, complete improvement was observed in symptoms such as Discharge (*Strava*), Pain (*Ruja*), and Dryness (*Rukshata*), while Itching (*Kandu*) and Discolouration (*Vaivarnyata*) reduced from grade 2 to grade 1, as shown in [Table/Fig-9,10].

S. No.	Symptoms	Before treatment	First follow-up	Second follow-up
1.	Itching (<i>Kandu</i>)	3	2	1
2.	Discharge (<i>Strava</i>)	3	1	0
3.	Pain (<i>Ruja</i>)	3	2	0
4.	Discolouration (<i>Vaivarnyata</i>)	3	2	1
5.	Dryness (<i>Rukshata</i>)	3	2	0

[Table/Fig-9]: Follow-up and outcome.



[Table/Fig-10]: Improvement during first follow-up and second follow-up.

DISCUSSION

According to *Dosha* dominance, the patient was administered *Vamana* and *Raktamokshana* with *Jalaukavacharna* as a *Shodhana chikitsa*. After completing the *Shodhana Karma*, the patient was prescribed *Arogyavardhini vati*, *Panchatiktaghrita guggul*, *Brihatmanjishtadi Kwath* and local application of *Karanja tail*.

Vicharchika is a *Kapha* and *Pitta dosha* dominant *Raktapradoshaja vyadhi*. Being a type of *Kushtha*, it is a *bahudoshaja vyadhi* (involving vitiation and aggravation of many *dosha*) [9] hence for elimination of aggravated *Kapha*, *Pitta* and *Rakta*, *Vamana* is administered in this case. *Agnitundi vati* is given to enhance the digestive power. *Panchatikta Ghrita* used for *Snehapana*, helps reduce symptoms by alleviating aggravated *Pitta* and *Kapha dosha*. *Vamaka Dravya* such as *Madanphala*, *Yashtimadhu*, *Saindhav* due to their properties like *Ushna* (hot), *Tikshna* (sharp), *Vyavayi* (spreading), *Sukshma* (subtle) and *Vikasi* (disintegrating) are absorbed quickly and reach the heart due to their *Virya* (potency) [10]. *Sukshma* and *Vyavayi* property of these drugs aids them to move through the *Dhamani* and enter both *Sthula* (macro) and *Sukshma* (micro) channels throughout the body. They act on aggravated and accumulate *doshas*. Initially, they liquefy these complexes of aggravated *doshas* through their *Ushna* (hot) property. These liquefied *doshas* can circulate throughout the body. Afterward these complexes are broken down into smaller molecules due to *Tikshna* and *Vikasi* properties. These liquefied and fragmented molecules then enter the *amashaya* through minute channels, where stimulated by *Udana Vayu* and influenced by the predominance of *Agni Mahabhuta* and its *prabhava*- they move upward to expel the vitiated *dosha* carried along with them. Repeated *Shodhana* is indicated in *Kushtha chikitsa* [10]. Chandaliya SS et al., reported the effectiveness of *Vamana* in the management of *Ekakushtha* (Psoriasis), one of the types of *Kushtha* [11]. Due to the elimination of vitiated *doshas*, there is minimal chance of relapse, thus helping in achieving a radical cure.

In *Sushrut Samhita*, *Raktaamokshana* is considered as a complete treatment for *Raktapradoshaja vyadhi* (diseases caused due to vitiation of blood). *Jalaukas* (Leeches) are applied to the lesion to suck the impure blood from superficial veins [12]. This may be the result of the action of leech saliva, which contains *Hirudin*-an anticoagulant enzyme as well as diuretic, antibiotics substances, *Calin* (which prevents blood coagulation), *Eglin*, *Hyaluronidase*, which acts as an antithrombin, antitrypsin and antichymotrypsin. Leech treatment exerts a counter-irritant action on the lesion, promoting new cellular division, removal of the dead cell layer, and reduction of local oedema and lichenification. *Jalaukavacharana* helps in the elimination of metabolic waste, reduction of aggravated *Kapha* and *Pitta dosha*, improvement of blood circulation, and enhancement of wound-healing processes [13,14].

A study conducted by Jaiswal R on foot ulcer using *Jalaukavacharana* showed a beneficial effect on inflammatory markers and reported improved circulation at the site of the ulcer [13].

Arogyavardhini vati, a herbomineral preparation is indicated in all *Kushta Rogas*. This mineral formulation, described in *Rasaratnasamucchaya* as *Sarvarogaprashamani*, is said to destroy all *Vyadhi* [15]. Kalkura KS et al., conducted a case study of *Vicharchika* using *Arogyavardhini vati* and reported relief in symptoms. They noted that *Kandughna* and *Kushtaghna* properties help reduce symptoms by pacifying vitiated *Dosha* [16].

Panchatiktaghrita Guggulu is described in *Bhaishjyratnavali*, *Kushtharogadhikara* [15]. All the drugs of *Panchatikta Gana* have *Tikta Rasa* (bitter taste), and possess *Laghu* (light) and *Ruksha* (dry) properties. They help break pathogenesis by reducing secretions and pacifying the vitiated *dosha* and vitiated blood, thereby aiding in the healing of lesions. The *Ruksha* and *Lekhana* (scraping) properties help reduce the thickness of the skin i.e., lichenification [17]. *Guduchi* (*Tinospora cordifolia*) contains phytochemicals such as *Tinosporia* and *berberin*, which have antioxidative properties.

Nimba (*Azadirachta indica*) contains phytochemicals such as *nimbin* and *nimbodin*, which possess antimicrobial and anti-inflammatory activity. These phytochemicals help reduce aggravated *dosha* and aid in relieving symptoms.

Darak W and Shimpi AJ conducted a randomised controlled trial on Dadru using *Panchatiktaghrita Guggulu* and found reduction in *Kandu*, *Pidika*, *Kleda*, *Raga* and *Mandala*, thus restoring normal condition of skin. They reported that its *Kandughna* property, along with its property to alleviate *Kleda* and *Vikrut Meda*, and promote *Vranaropana* contribute significantly to healing. Its antioxidant, immunopotentiating, anti-inflammatory, and skin-restorative properties help alleviate symptoms by breaking the pathogenesis. The *Ghrita*'s lipophilic action aids in cellular-level delivery, reducing keratinization and improving the cell cycle, which further alleviates symptoms and restores normal skin texture. This results in a marked reduction of *Kandu*, *Pidika*, *Kleda*, *Raga* and *Mandala*, ultimately helping return the skin to its normal condition [18].

Brihat Manjishthadi Kwath mainly contains *Tikta rasa* (bitter) herbs that pacify *Kapha* and *Pitta*, purify the blood and exhibit antipruritic and anti-leprosy (*Kushthaghna*) activities. It is useful in various dermatological conditions and is therefore indicated in all types of skin disorders [19]. Saraf S et al., managed a case of *Ek Kushtha* (Plaque Psoriasis) using *Maha Manjishthadi Kwath* and observed a reduction in symptoms. They reported that it supports detoxification and blood purification, and its *Rakta Prasadan* property helps in treating plaque psoriasis [20].

Bhaishajya Ratnavali describes *Karanja taila* in treatment of *Visarparoga* (erysipelas). *Til taila* (Sesame oil) is medicated with decoction of these drugs. It has antipruritic, antibacterial, antifungal, wound cleaning and wound healing properties. These properties help reduce the symptoms. The oil also helps relieve itching and enhances the absorption and action of herbal drugs when applied locally. Borse S et al., treated plantar psoriasis and reported major improvements in scaling, itching, cracks, and pain on the soles by using *Karanja oil* externally for 25 days along with internal medicine [21].

CONCLUSION(S)

From the above case, it can be concluded that Vicharchika can be effectively managed through a combination of Vamana and Raktamokshana, supported by oral medications such as Arogyavardhini Vati, Brihat Manjishthadi Kwath, Panchatikta Ghrita Guggulu, and the local application of Karanja Taila. The positive outcome in this patient suggests the therapeutic potential of this approach; however, to establish its efficacy more reliably, studies involving a larger sample size are recommended.

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PARTICULARS OF CONTRIBUTORS:

1. Professor, Department of Kayachikitsa, Mahatma Gandhi Ayurveda College, Hospital, Research Centre, Salod (H), Wardha, (MS). Datta Meghe Ins, Wardha, Maharashtra, India.
2. Assistant Professor, Department of Pathology, MGM Medical College, Kamothe, Navi Mumbai, Maharashtra, India.
3. Assistant Professor, Department of Pathology, Dr. DY Patil Medical College Navi Mumbai, Mumbai, Maharashtra, India.

NAME, ADDRESS, E-MAIL ID OF THE CORRESPONDING AUTHOR:

Sadhana Durgaprasad Misar,
Meghdoot Apartment, M5/09, Paloti Road, Sawangi (Meghe),
Wardha-442004, Maharashtra, India.
E-mail: sadhanamisar@gmail.com

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