

Integrated Ayurvedic and Conventional Management of Contact Dermatitis with Special Reference to Vicharchika: A Case Report

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Abstract

Contact dermatitis is a common inflammatory skin disorder caused by repeated exposure to irritants, allergens, or environmental factors, resulting in a delayed hypersensitivity reaction. Chronic exposure often leads to persistent inflammation and recurrent episodes. Conventional treatment mainly involves avoidance of triggers and topical corticosteroids, which provide temporary relief but may not prevent recurrence. In Ayurveda, the clinical features resemble Vicharchika, a subtype of Kushta characterized by itching, oozing, erythema, and lichenification. A 33-year-old male presented with severe pruritus, oozing lesions, and thickened skin over the hands and toes for more than one year. Based on clinical evaluation, the condition was diagnosed as contact dermatitis and correlated with Vicharchika. The patient was treated with a 12-day Ayurvedic protocol including Amahara and Shamana therapies. Internal medications comprised Avipattikar Churna, Amapachak Vati, and Dooshivishari Agada, along with topical Ayurvedic

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ointment and supportive therapy. Gradual and significant improvement was observed in itching, discharge, erythema, and lichenification. No adverse effects were reported. The case suggests that Ayurvedic Shamana therapy may offer a safe and complementary approach for managing chronic contact dermatitis and reducing recurrence.

Key words : Allergic Contact Dermatitis, *Vicharchika*, *Ayurveda*, *Shamana Chikitsa*.

Contact dermatitis is an inflammatory disorder of the skin that develops following exposure to irritant or allergenic substances, producing localized erythema, itching, burning sensation, vesiculation, and scaling¹. The condition primarily involves the epidermis and superficial dermis and may resolve after removal of the offending agent; however, repeated exposure or immune sensitization can lead to chronic inflammation and recurrence.

Clinically, contact dermatitis is classified into irritant contact dermatitis, allergic contact dermatitis, and photo-contact dermatitis. Irritant contact dermatitis may be caused by chemical agents such as solvents, surfactants, detergents, and metals, as well as physical factors including low humidity and friction. Allergic contact dermatitis represents a delayed type IV hypersensitivity reaction mediated by T-lymphocytes. Antigens are processed by epidermal Langerhans cells and presented to CD4+ T cells, leading to cytokine release upon re-exposure and development of papulovesicular and eczematous lesions².

Conventional treatment includes avoidance of the offending substance and the use of topical corticosteroids or antihistamines to suppress inflammation. Although effective in controlling acute symptoms, such treatment is primarily palliative and may not prevent

recurrence in chronic cases^{1,2}.

In Ayurveda, dermatological conditions are described under *Kushta*, which denotes disorders causing discoloration and structural alteration of the skin.³ *Kushta* is classified into *Mahakushta* and *Kshudra Kushta*.⁴ Among the *Kshudra Kushta*, *Vicharchika* is characterized by *Kandu* (itching), *Pidika* (papules), *Syava varna* (dark discoloration), and *Lasika srava* (oozing).⁵ Classical descriptions also indicate the involvement of *Pitta* and *Kapha Dosh*a along with *Rakta Dushti* in its pathogenesis.⁶ Based on clinical resemblance, chronic contact dermatitis may be correlated with *Vicharchika*. The present case report aims to evaluate the integrated Ayurvedic management of chronic contact dermatitis.

Patient Information :

A 33-year-old male presented to the outpatient department (OPD No. 25023832) with complaints of intense itching (*Kandu*), blackish-red discoloration (*Syava-Rakta varna*), scaling, oozing (*Bahusrava*), and lichenified lesions over the bony prominences of the fingers and tips of the toes, including the dorsal aspect of the hands. The symptoms had been present for approximately one year.

The condition developed following

prolonged and repeated use of rubber gloves during his professional duties as a nurse. Initially, a small erythematous patch appeared over the posterior aspect of the left upper limb. Over time, the lesions gradually extended to the lateral aspect of the right upper arm and the anterior and medial aspects of the right ankle, partially involving the medial malleolar region and extending to the lower third of the leg. The lesions progressively increased in size and severity.

The patient had previously been diagnosed with irritant contact dermatitis by conventional practitioners. Rubber gloves were identified as the precipitating irritant, and avoidance was advised. Although the patient experienced temporary symptomatic relief with topical and systemic medications, recurrence occurred despite avoidance measures.

There was no history of diabetes mellitus, hypertension, asthma, or any other major systemic illness. Vital parameters were within normal limits at the time of examination.

Associated Complaints :

He had disturbed sleep due to itching and burning sensation.

Hemoglobin count & E.S.R within normal limits

Habits: Non-veg, Spicy, oily food, Tea (3 times/day)

Past History

No H/O Diabetes mellitus /Hypertension, other major medical and surgical history.

Family History

No relevant family history.

Psychological Evaluation

Patient was in stress due to disturbed sleep, burning sensation and itching.

Clinical Findings:

On general examination, vital parameters were within normal limits. The patient reported disturbed sleep secondary to severe itching.

Dermatological examination revealed lesions distributed over the posterior aspect of the left upper limb, lateral aspect of the right upper arm, and the anterior and medial aspects of the right ankle extending to the lower third of the leg, with partial involvement of the medial malleolar region. The lesions were characterized by papules, vesicles, and scaly plaques with areas of lichenification. The affected skin showed blackish-red discoloration with a rough surface texture. No signs of systemic involvement were observed.

Laboratory parameters

Table-1. Timeline

Date	Relevant Medical History
August 2024	Acute onset of pruritic skin lesions over the posterior aspect of the left upper limb, lateral aspect of the right upper arm, and anterior and medial aspects of the right ankle extending to the lower third of the leg, with partial involvement of the medial malleolar region.
September 2024	Increase in severity of itching and onset of burning sensation.

October 2024 November 2024	Disturbed sleep due to persistent itching. Initiated conventional treatment including topical corticosteroids and ointment therapy.
March 2025 July 2025	Recurrence of similar complaints after initial symptomatic relief. Reappearance and progression of symptoms.
August 2025	Reported to the outpatient department of Khemdas Hospital; admission advised for further management.

Diagnostic Assessment**Sroto Pareeksha** : *Raktavaha Srotas***Symptoms** - Intense itching (*Kandu*), blackish-red discoloration (*Syava-Rakta Varna*), scaling, and lichenified lesions**Diagnosis** - *Vicharchika* (Contact dermatitis)**Therapeutic intervention**Table-2. Intervention treatment from 1st to 12th day (*Amapachana*)

No	Drug Name	Dose (<i>Matra</i>)	Time (<i>Kaal</i>)	Adjuvant (<i>Anupan</i>)
1	<i>Avipattikar Choorna</i>	2 Tsf	At night	Warm water
2	<i>Amapachak Vati</i>	1 TAB	BD	Warm water
3	<i>Dooshivishari Agada</i>	2TAB	BD	With honey
4	Cutisora ointment	L/A	BD	NA
5	Tab Atarax 10mg	1 TAB	At night	Water
6	Propysalic NF Ointment	L/A	BD	NA

Action of drugs

Table-3. Action Of Drugs

No	Drug Name	Action
1	<i>Avipattikar Choorna</i>	Pitta Shanti, Virechana (Mild Purgation). Addresses hyperacidity and clears <i>Ama</i> (toxins) from the GI tract, a prerequisite for <i>Rakta Shodhana</i> . ^{7,8}
2	<i>Amapachak Vati</i>	Deepana & Pachana. Promotes metabolism and corrects impaired digestion (<i>Ama</i> formation), essential for Kapha control. ^{9,10}
3	<i>Dooshivishari Agada</i>	Rakta Shodhana & Anti-Toxic. Specific classical formulation for detoxification and purification of vitiated <i>Rakta Dhatu</i> and neutralizing subtle toxins (Dooshi Visha). ¹¹
4	Cutisora ointment	Topical <i>Shamana</i> therapy.
5	Tab Atarax 10mg	Symptomatic Antihistamine for rapid control of severe nocturnal <i>Kandu</i> (itching).
6	Propysalic NF Ointment	Rapid control of acute inflammation and lichenification, used judiciously.

Outcomes

Table-4. Outcomes

Parameter	Before treatment	Inbetween treatment	After treatment
Itching (<i>Kandu</i>)	Present	Reduced	Absent
Blackish-red discoloration (<i>Syava-Rakta Varna</i>)	Present	Reduced	Absent
Scaling	Present	Reduced	Absent
Lesion	Present	Reduced	Absent

Figures**A. Before Treatment****B. After Treatment**

The patient had significant improvement. The lesion subsided with normal skin replacement at the time of discharge.

Contact dermatitis is an inflammatory condition of the superficial layers of the skin, primarily involving the epidermis and dermis, resulting from exposure to external irritants or allergens. Persistent exposure and immune sensitization may lead to chronicity and recurrent episodes.

In Ayurvedic literature, the clinical features of chronic contact dermatitis closely resemble *Vicharchika*, a subtype of *Kshudra Kushta*. Classical descriptions of *Vicharchika* include *Kandu* (itching), *Pidika* (papules), *Syava varna* (discoloration), and *Lasika srava* (oozing). Although it is generally described as a *Kapha* predominant disorder, references in *Sushruta Samhita* indicate the involvement of *Pitta* or *Pitta-Kapha Dosh*a in its pathogenesis.⁷

In the present case, the patient exhibited severe itching, scaling, discoloration, and oozing, suggesting predominance of *Kapha* and *Pitta* along with features of *Saama Dosh*a *avastha*. Therefore, the initial therapeutic approach focused on *Amapachana* and *Agni Deepana*. *Amapachak Vati* and *Avipattikar Churna* were administered to improve digestive metabolism and facilitate mild purification (*Mridu Shodhana*) along with *Pitta Shamana*.

Considering the clinical signs of *Rakta Dushti*, *Dooshivishari Agada* was included for its traditional indication in detoxification and purification of vitiated *Rakta*. External application of *Cutisora* ointment was used as

supportive *Shamana* therapy. Propylsalic NF ointment and Tab. Atarax 10 mg were prescribed for short-term symptomatic control of inflammation and severe nocturnal itching.

Daily clinical assessment revealed progressive improvement. By the eleventh day, *Bahusrava* had completely subsided and the severity of *Kandu* was markedly reduced. The observed response suggests that correction of *Ama*, pacification of vitiated *Dosh*a, and purification of *Rakta* may play an important role in the management of chronic contact dermatitis. However, further controlled studies are required to substantiate these findings.

This case highlights the potential role of Ayurvedic management in the treatment of chronic contact dermatitis correlated with *Vicharchika*. Careful assessment of the disease stage, particularly the presence of *Saama* or *Niraama avastha*, is essential before planning the therapeutic protocol. Selection of appropriate interventions should be based on evaluation of *Dosh*a *avastha*, *Roga avastha*, and *Rogi bala*.

In the present case, a combined approach involving *Amapachana* (*Amapachak Vati*), *Pitta-Kapha Shamana* (*Avipattikar Churna*), and *Rakta Shodhana* (*Dooshivishari Agada*) was associated with significant symptomatic improvement. The findings suggest that addressing underlying *Dosh*a and *Rakta* vitiation along with supportive symptomatic management may contribute to better clinical outcomes in recurrent contact dermatitis. Further systematic clinical studies with larger sample sizes are warranted to validate these observations.

References :

1. Agnivesha (2011). *Charaka Samhita* with Ayurveda Dipika commentary of Chakrapani Datta. Sharma PV, editor. Reprint ed. Varanasi: Chaukhambha Orientalia; Chikitsa Sthana, Grahani Chikitsa Adhyaya; p. 458–460.
2. Govind Das Sen (2012a). *Bhaishajya Ratnavali* with Siddhiprada Hindi commentary. Mishra SN, editor. Reprint ed. Varanasi: Chaukhambha Surbharati Prakashan; 2012. Agnimandya Adhikara; p. 341–342.
3. Govind Das Sen (2012b). *Bhaishajya Ratnavali* with Siddhiprada Hindi commentary. Mishra SN, editor. Reprint ed. Varanasi: Chaukhambha Surbharati Prakashan; 2012. Amlapitta Adhikara; p. 233–235.
4. Kumar V, AK Abbas, N Fausto, and JC. Aster (2010). *Robbins and Cotran Pathologic Basis of Disease*. 8th ed. Philadelphia: Elsevier; p. 2298.
5. Paradkar HS (2006). editor. *Ashtanga Hridayam of Vagbhata* with commentaries of Arunadatta and Hemadri. Varanasi: Chowkhamba Krishnadas Academy; Chapter 14, Sloka 4–5; p. 524.
6. Sharangadhara (2013). *Sharangadhara Samhita* with Dipika commentary of Adhamalla. Tripathi B, editor. Reprint ed. Varanasi: Chaukhambha Surbharati Prakashan; Madhyama Khanda; p. 187–188.
7. Sushruta (2010). *Sushruta Samhita* with Nibandha Sangraha commentary of Dalhana. Sharma PV, editor. Reprint ed. Varanasi: Chaukhambha Visvabharati; Kalpa Sthana; p. 482–485.
8. Sushruta (2008). *Sushruta Samhita* with Nibandha Samgraha commentary. Acharya YT, editor. Reprint ed. Varanasi: Chowkhamba Krishnadas Academy; Nidana Sthana, Kushta Nidana, Chapter 5, Sloka 5; p. 283.
9. Sushruta (2008). *Sushruta Samhita* with Nibandha Samgraha commentary. Acharya YT, editor. Reprint ed. Varanasi: Chowkhamba Krishnadas Academy; Nidana Sthana, Chapter 5, Sloka 16; p. 286.
10. Vagbhata (2014). *Ashtanga Hridaya* with commentaries of Arunadatta and Hemadri. Tripathi B, editor. Reprint ed. Varanasi: Chaukhambha Sanskrit Pratishthan; 2014. Uttara Sthana, Vishapratishedha Adhyaya; p. 899–901.
11. Waghe S, and P. Thakare (2017). *An Insight to Bhoj Tantra*. Nagpur: Rashtra Gaurav Publications; p. 29.