

Comparative Study of Classical Shodhana Therapies for Vicharchika

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ABSTRACT

Kushtha Roga occupies an important place among dermatological disorders described in Ayurvedic literature, indicating that skin diseases were well recognized and systematically classified since ancient times. Among the varieties of Kshudra Kushtha, Vicharchika is characterized by predominant Pittika involvement with Lasika as a major Dushya, presenting clinically with symptoms such as Kandu, Srava, Pidika, and Vaivarnya. Despite significant advancements in modern dermatology, several chronic skin conditions remain difficult to manage, leading many patients to seek Ayurvedic interventions. The present clinical study was undertaken to evaluate and compare the efficacy of different Shodhana therapies—Vamana, Virechana, and Raktamokshana—in the management of Vicharchika. A total of 58 patients selected from the outpatient department were subjected to classical Shodhana procedures after initial placebo administration. Clinical observations were recorded based on improvement in cardinal signs and symptoms. The results demonstrated that Virechana and Raktamokshana produced significant and rapid relief in most cases, whereas Vamana showed minimal therapeutic benefit. Comparative analysis revealed that Virechana and Raktamokshana were equally effective in alleviating symptoms, with quicker onset and longer-lasting results. The study concludes that Shodhana therapy, particularly Virechana and Raktamokshana, plays a decisive role in the effective management of Vicharchika.

KEYWORDS: *Kushtha Roga, Kshudra Kushtha, Vicharchika, Shodhana Chikitsa, Virechana, Raktamokshana, Vamana, Ayurvedic Dermatology*

INTRODUCTION

Ayurvedic texts provide ample and sufficient evidence to demonstrate that various skin disorders, collectively known as Kushtha Roga, along with their diverse clinical manifestations and presentations, have been well recognized and documented by ancient Indians since time immemorial. These classical scriptures describe the conditions in great detail, reflecting a deep understanding of dermatological ailments that dates back thousands of years in Indian medical tradition.

In contemporary times, modern medical science, often referred to as allopathy, has made remarkable advancements. It has developed numerous new pharmaceutical drugs, sophisticated diagnostic investigations, and innovative therapeutic modalities, many of which have been specifically evaluated and applied even for several previously considered incurable skin diseases. Despite these significant strides and ongoing research efforts, a considerable number of challenging skin conditions continue to pose great difficulties and remain unresolved in the field of treatment, leaving both patients and physicians searching for effective long-term solutions.

It is particularly noteworthy that a substantial number of cases of chronic and stubborn skin disorders—those that have been examined thoroughly by modern medical practitioners and subsequently labeled as incurable or resistant to available therapies—are often turned away or declared hopeless. When such patients approach Ayurveda seeking an alternative path to healing, many of them reportedly experience considerable relief from their distressing symptoms. In several instances, these individuals achieve complete resolution of their ailments, with no recurrence observed even after prolonged periods of follow-up. This impressive track record highlights the strength and efficacy of Ayurvedic modes of treatment, especially in the domain of dermatology.

The notable success achieved by Ayurveda in managing Kushtha Roga can be attributed primarily to its completely independent, holistic, and unique fundamental approach toward understanding and treating diseases. Unlike symptomatic management alone, Ayurveda

emphasizes addressing the root causes through correction of underlying imbalances. In the Ayurvedic system, a wide array of skin disorders is systematically grouped and comprehended under the broad heading of Kushtha. This category is further classified into two major types: Mahakushtha (major or severe forms) and Kshudra Kushtha (minor or less extensive forms). The classification depends primarily on the extent of involvement of various bodily tissues (known as Dhatus) as well as the degree and nature of vitiation of the Doshas (bio-energies) and the affected Dushyas (tissues).

Although the primary seat or site of manifestation for both varieties of Kushtha is the skin (Twak), the pathogenesis invariably involves deeper tissues as well. These include important Dhatus such as Rasa (plasma/lymph), Rakta (blood), Mansa (muscle), and Lasika (serous fluid/lymphatics), in addition to the participation of the Tridosha—Vata, Pitta, and Kapha—in the disease process. All classical Acharyas (ancient authorities) unanimously agree that the involvement of Tridosha is fundamental to the causation and progression of Kushtha. However, Acharya Sushruta, one of the foremost authorities, has further subclassified Kshudra Kushtha based on predominant Dosha involvement, such as Vatika (Vata-dominant), Slaishmika (Kapha-dominant), and others related to specific Dosha predominance.

Among these, Vicharchika stands out as a specific variety of Kshudra Kushtha in which Pitta involvement is particularly prominent and dominant. In the pathology of Vicharchika, the Lasika (serous or lymphatic component) plays a major role and is significantly affected. The principles guiding the treatment of Vicharchika remain fundamentally the same as those applied to Kushtha in general, focusing on detoxification, Dosha pacification, tissue nourishment, and restoration of equilibrium to achieve lasting relief and cure

METHOD OF APPROACH & MATERIAL:

Cases were selected from O. P. D. All Necessary examinations were carried out. During the first week patients were, given only placebo treatment in order to assess comparative role of Shodhan in cases of Vicharchika. Classical method of Shodhana was followed. The various data are represented in the following table:

Table 1: Karmawise Classification

Disease	Karma			
	Vaman	Virechana	Raktamokshana	Total
Vicharchika	7	35	16	56

Note: Out of 58 cases, 35 were male and 23 were female.

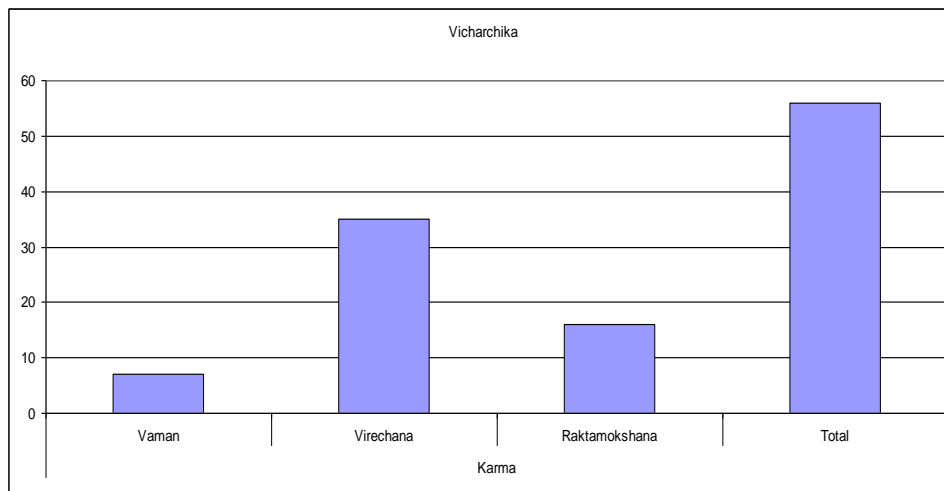


Table 2: Sex wise classification

Disease	Sex		
	Male	Female	Total
Vicharchika	35	23	58

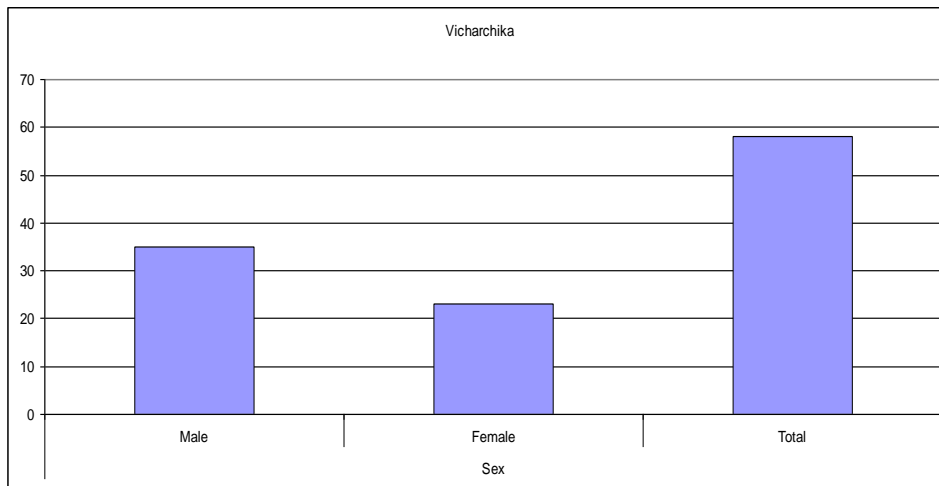


Table 3: Chronicity of Disease

Disease	Chronicity									
	1M	3 M	6 M	1 Y	2 Y	3 Y	5 Y	10 Y	>10 Y	Total
Vicharchika	6	6	8	6	12	8	4	6	2	58

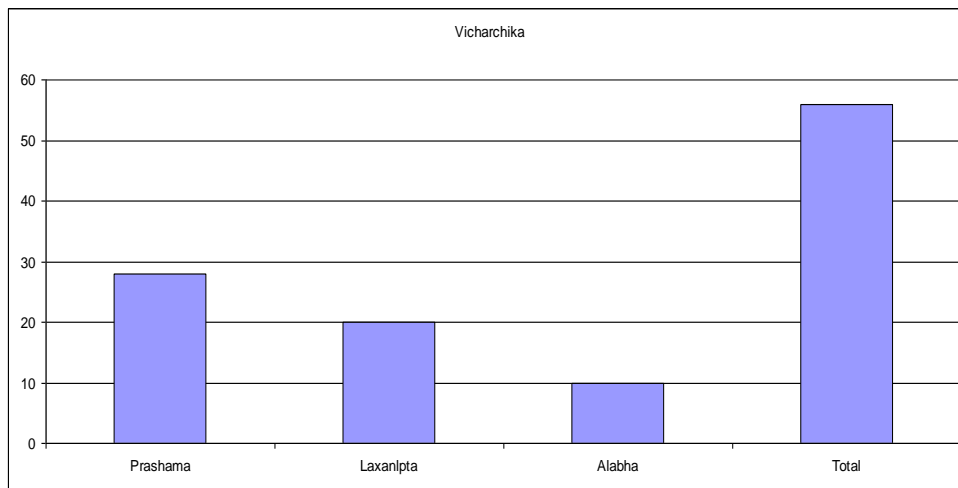
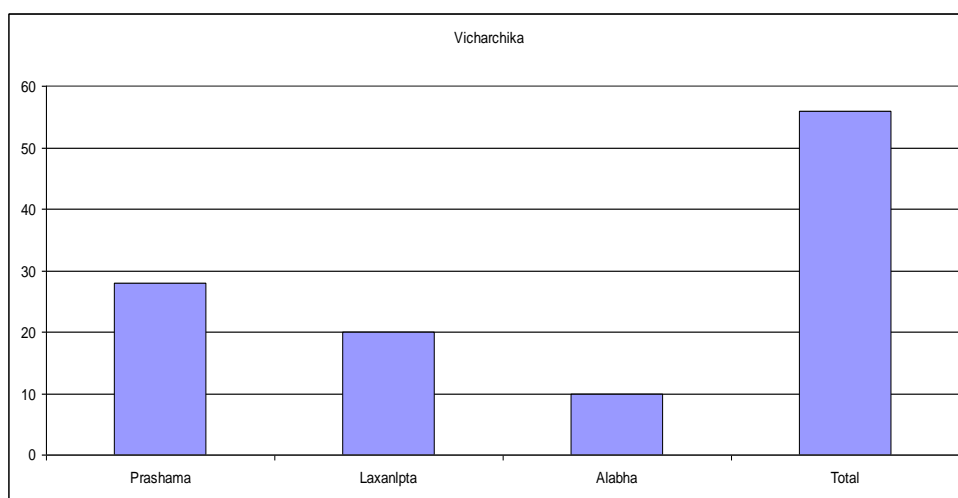


Table 4: Result

Disease	Prashama	Laxanlpta	Alabha	Total
Vicharchika	28	20	10	56



The study of chronicity of Disease is between the range of 1 month to 10 years is found. Age group classification shows that this disease can affect any age group from 1 year to 70 years,

though the incidence is more prominent in the age of group of 21 to 50 years.

DISCUSSIONS

The objective of this study was to evaluate the role of various modes of Shodhana (purification therapies) and to compare their data in order to determine the effectiveness of each individual mode of Shodhana, as well as to identify any superiority among them. To address this problem, Vicharchika (a condition comparable to eczema) was selected as the initial disease for the study. The findings regarding the effectiveness of different modes of Shodhana in 58 cases of Vicharchika are presented here. Observations recorded during the Snehana (oleation therapy) phase in every case revealed that Snehana alone could induce considerable relief in the major signs and symptoms of Vicharchika, including Kandu (itching), Srava (discharge/weeping), Pidika (papules/vesicles), and Shyavata (discoloration/darkness). In the majority of cases, it required approximately 5 to 10 days to achieve the ideal stage of Snehana, known as Samyak Snehan Avastha (the proper/perfect state of oleation).

The study of Virechan in cases of these diseases reveals that the improvement starts taking place from next day of Administration of Virechana. Table represents the effectiveness of mainly Vaman, Virechana and Raktamokshana in cases of Vicharchika, The effect of Vaman was studied in seven Cases and it was found that there was no improvement in main signs and symptoms such as Kandu, Srava, Vaivarnya and Pidika. This table reveals that Virechana was studied in 35 cases of Vicharchika. Srav vanished altogether on 7 day in 20 cases while there was little improvement in Srava in rest of the cases, Kandu disappeared on 4th day in 10 cases and also Pidika disappeared on 4th day in 10 cases. In 25 cases discoloration also improved in 4 days. 16 cases were studied to ascertain the effectiveness of Raktamokshana, Out of these 16 cases Kandu disappeared on 4th day in these cases. Srav on 7th day in 10 cases, Pidika On 4th day in 10 cases, and Vaivarnya in 5 cases on 4th day. If the results of Virechana and Raktamokshana are compared you can find that in both types of cases Kandu has disappeared in 4 days. Srav in 7 days while Pidika and Vaivarnya also in 4 days. This clearly indicated that results obtained in cases of Virechana & Raktamokshana are completely identical.

A comparative study of Vamana, Virachana and Raktamokshana was done in 58 cases. It shows that Vaman is not effective, Virechana is definitely effective. It was also noted that 100% improvement was obtained by Virechana in some cases. Raktamokshana is also equally

effective. It was also noted that effects of Shodhana is quicker in these cases.

The study of improvement in 3 categories. Prashama, Laxnalpata and Alabha, The criteria for defining Prashama was decided to be (75%) for more improvement, Laxnalpata means improvement below (56%) Alabha i, e. no change into the signs and symptoms.

CONCLUSIONS

On the basis of various facts represented above, it is very clear that Shodhan is a specific treatment in cases of Kshudra Kushtha specially Vicharchika. The results obtained are comparatively quick and last for longer duration. A comparative account of Vaman, Virechana and Raktamokshana indicates that there was no improvement in the group of cases where Vaman was administered, while there was remarkable improvement in the groups treated with Virechana and Raktamokshana.

Further comparison between Raktamokshana and Virechana shows that both modes of Shodhana possess identical effectiveness in the management of Vicharchika.

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