

Effectiveness of *Vamana karma* and *Shamana chikitsa* in *Vicharchika Kusta* (Allergic Contact Dermatitis) - A Case Study

ABSTRACT

Skin disorders are prevalent health issues that can lead to significant physical discomfort and psychological distress. In Ayurveda, *Kushta* encompasses a broad spectrum of skin diseases, characterized by the involvement of multiple body tissues and *doshas*. This case report discusses the Ayurvedic approach in managing a chronic case of *Kushta*. A patient presented with chronic skin lesions consistent with *Kushta*, experiencing symptoms such as discoloration and discomfort. The condition had persisted despite previous treatments, significantly affecting the patient's quality of life. The patient underwent a comprehensive Ayurvedic treatment regimen, including both *Shamana* (palliative) and *Shodhana* (purificatory) therapies. Over the course of treatment, significant improvements were observed in skin appearance and symptom relief, with no reported adverse effects. This case highlights the potential effectiveness of traditional Ayurvedic interventions in managing chronic skin conditions like *Kushta*. Further studies may explore the integration of such approaches into broader dermatological practice.

Key words: Ayurveda, *Kushta*, *Shamananga snehana*, *Shodhananga snehana*, *Vamana*

Introduction

A common inflammatory skin condition, known as allergic contact dermatitis (ACD), occurs frequently and can significantly impair quality of life, when the illness becomes chronic, contributing to substantial disease burden. ACD is a type IV delayed-type hypersensitivity that occurs when previously sensitized individual come into contact with an allergen, triggering the activation of allergen-specific T-cells.^[1] The development of ACD is influenced by factors such as the concentration and properties of the irritant, the duration and frequency of contact, environmental conditions, and individual skin characteristics including age, gender,

and existing skin conditions. The pathogenesis involves immune system activation, disruption of skin barrier, and T-cell involvement. Common irritants include water, soaps, solvents, and detergents, with the hands – particularly between the fingers – being the most affected area. Typical symptoms include dry skin and scaling. Diagnosis relies on clinical examination and patient history.^[2]

ACD accounts for approximately 20% of cases of contact dermatitis (CD).^[3] When sensitized individuals are re-exposed to the same allergen, circulating memory T-cells migrate to the

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: WKHLRPMedknow_reprints@wolterskluwer.com

How to cite this article: Bhat P, Udikeri MS. Effectiveness of *Vamana karma* and *Shamana chikitsa* in *Vicharchika Kusta* (allergic contact dermatitis) – A case study. Indian J Ayurveda Integr Med 2025;6:40-6.

PRASHANTH BHAT, MANJUNATH S. UDIKERI

Department of Kayachikitsa, A.L.N. Rao Memorial Ayurvedic Medical College, Koppa, Karnataka, India

Address for correspondence: Dr. Prashanth Bhat, Department of Kayachikitsa, A.L.N. Rao Memorial Ayurvedic Medical College, Koppa, Karnataka, India.
E-mail: drprashanthbhat@outlook.com

Submitted: 30-Oct-2024, **Revised:** 21-May-2025, **Accepted:** 24-May-2025, **Published:** 21-Jul-2025

skin, leading to inflammation within 48 h.^[4] ACD requires an initial sensitization phase involving exposure to a substance that was previously harmless. There are two distinct phases involved: the afferent phase (sensitization) and the efferent phase (reaction). In the sensitization phase of ACD, the allergen penetrates the epidermal barrier and conjugate with endogenous skin proteins, forming hapten–protein complexes that act as neoantigens. These complexes are recognized by keratinocytes, triggering the activation of innate immune responses. This process is characterized by the secretion of pro-inflammatory cytokines, including interleukin (IL)-1 α , IL-1 β , tumor necrosis factor-alpha, IL-8, IL-18, and granulocyte-macrophage colony-stimulating factor.^[5]

These cytokines facilitate the maturation and migration of antigen-presenting cells (APCs), notably Langerhans cells and dermal dendritic cells, from the epidermis to regional lymph nodes. Within the lymph nodes, these APCs present processed antigenic peptides via major histocompatibility complex molecules to naïve T-lymphocytes, leading to the clonal expansion and differentiation of T-helper cell subsets (Th1, Th2, and Th17) and regulatory T-cells. The resultant effector and memory T-cells re-enter the circulation, enabling a rapid and robust response upon subsequent exposures to the same allergen.

Clinically, ACD presents with variable manifestations influenced by the allergen's chemical properties, exposure parameters, and individual skin characteristics. Pruritus is the predominant symptom, typically emerging within 24 h postexposure. In uncommon instances, patients may experience burning sensations and pain symptoms more frequently associated with irritant CD.^[6]

The most typical clinical presentation of ACD is eczema, which generally appears 5–7 days after the initial exposure to the allergen. However, in previously sensitized individuals, exposure can trigger a reaction in about 24–48 h.^[7]

In Ayurvedic medicine, dermatological conditions are categorized under "Kushta Roga," subdivided into "Mahakushta" (major skin diseases) and "Kshudra Kushta" (minor skin diseases). "Vicharchika," which is identified as a form of "Kshudra Kushta," presents with clinical features including *Kandu* (pruritus), *Srava* (exudation), *Pidika* (vesicular eruptions), and *Shyava Varna* (hyperpigmentation). The etiopathogenesis involves the disturbance of *Sapta Dravyas* (seven fundamental bodily constituents), resulting in morphological changes in the integumentary system. Acharya Charaka categorized *Kushta* within the "Ashta Mahagada," denoting it as one of the eight formidable diseases, thereby highlighting its therapeutic complexity.

According to Acharya Sushruta, *Rukshata* is mentioned as a symptom of *Vicharchika*. In the present case, the patient exhibited symptoms such as *Paridaha* (mild burning), *Ruksha* (dryness), *Parushatva* (hard/rough), and *Kandu* (itching) associated with *Rukshata*. *Vicharchika* is *Kapha* predominant disease, exhibiting symptoms associated with both *kapha* and *pitta doshas*. *Vicharchika* manifests due to deranged physiology of seven factors. According to Ayurvedic principles, the etiology of *Kushta* (skin diseases) is attributed to the vitiation of seven key factors: the three *doshas* – *Vata*, *Pitta*, and *Kapha* – and four *dushyas* – *Tvaka* (skin), *Mamsa* (muscle), *Shonita* (blood), and *Lasika* (lymph).^[8] The disruption of these elements leads to pathological changes in the integumentary system. In instances of *Bahudoshavastha*, characterized by the extensive aggravation of *doshas*, therapeutic purification procedures, collectively termed *Shodhana*, are recommended to eliminate the accumulated *doshas*. This detoxification process is described in classical *Samhitas* (Ayurvedic treatises) as a fundamental strategy for eradicating the root causes of dermal pathologies.^[9]

Case Report

A 27-year-old male patient, a chemical engineer by profession with outpatient department (OPD) no. 26405 visited *Kayachikitsa* OPD at A.L.N. Rao Memorial Ayurvedic Medical College, Koppa, on July 11, 2024.

Clinical findings and diagnostic assessments

The patient presented with complaints of severe itching and dryness of the skin over both the palms, and bilateral planter region, associated with blackish-brown discoloration [Figures 1 and 2]. He had been experiencing these symptoms for the past 4 years. He also reported white, powdery discharge from the lesions while scratching. The itching was particularly aggravated in the early morning hours and after consuming nonvegetarian food (chicken, fish, and eggs). Itching and dryness also increased during manufacturing work, particularly following chemical exposure. Following initial treatment, the patient's dermatological symptoms showed temporary remission. However, a subsequent exacerbation was noted, characterized by the extension of lesions to the metacarpophalangeal and metatarsophalangeal joints. Clinical observations included hyperpigmented (blackish-brown) areas and desquamation, evidenced by a white, powdery substance upon mechanical irritation. These presentations are suggestive of a chronic dermatological condition and warrant further investigation.

The patient has no history of systemic disorders such as thyroid disease, diabetes mellitus, and hypertension. There is

also no past history of allergic manifestations to any known allergens prior to chemical exposure in his occupation.

Dashavidha Pariksha revealed the following findings,

Prakriti-Pittajakaphaja, Vikriti-Kapha Pitta, Rasa, Rakta, Mamsa; Mamsa Sara-Madhyama Samhanana; Madhyama Pramana-Madhyama, Sathmya Madhura, Amla Katu, Satwa-Madhyama, Ahara Shakti-Avara Vyayama Shakti-Madhyama; Vaya-Madhyama.

Ashtasthana Pariksha findings include *Nadi-Kapha vata, Mala-Vibhanda, Mutra-Prakruta, Jihva-Alipta, Drik-Prakruta, Shabdha-Prakruta, Sparsha-Khara Sparsha, and Aakriti-Madhyama.*

Samprapti Ghataka assessment revealed Dosha: Pitta (Bhrajaka), Kapha (Kledaka); Dhatus-Rasa (Toda), Rakta (Sweda), Mamsa (Vaivarnya), Twak Updhatu; Agni-Jataragni Mandya; Srotas-Rasa, Rakta, Mamsa; Sroto Dusti Prakara-Sanga; U d bhava Sthana-Amashaya; Sanc har sthana – Sarvasharira; Adhistana-Twak, Rakta, Mamsa, Lasika; Vyakta Sthana-Twak; Roga Marga-Bahya; Shambhav-Chirakari; Sadhyasadhyata-Krichrasadhyata.

Local skin examination: The lesions were irregular in shape (approximately 4 cm on the bilateral palmar surface and 2 cm on the bilateral plantar surfaces). The color of the

lesion was blackish-brown. They exhibited scaling, which were warm to touch and had a rough texture.

Timeline

The patient had been suffering from these symptoms for the past 4 years. He had previously sought allopathic treatment, which provided only temporary relief. The symptoms would subside briefly but returned with increased severity over time. The patient was assessed at multiple intervals after *Deepana pachana* for 3 days, after *snehapana* (7th day), after *vamana karma* (9th day), 39th and 99th days. The *Vamana karma* procedure was analyzed [Table 1]. Assessments were conducted based on subjective symptoms and Psoriasis Area and Severity Index scores [Tables 2 and 3].

Therapeutic intervention

The patient was administered *Amrutotharam kashayam* 25 ml twice daily before food, *Arogyavardhini vati* 1 tablet before food, and *Gandhaka rasayana* 1 tablet twice daily with warm water for the first 3 days. *Sthanika Abhyanga* (local oil massage) was performed using *Chakramarda tail* and *Jatyadi tail*, followed by *Sthanika Nadi Sweda* (localized steam therapy) with *Dashamool kwath* during the first 3 days. *Sneha pana* (internal oleation) was carried out with *Mahatiktaka Ghrita* over 4 days administered in escalating doses of 30 ml, 60 ml, 90 ml, and 120 ml. *Sthanika Abhyanga* with *Chakramarda tail* and *Jatyadi tail*, *Sthanika Nadi Sweda* with *Dashamool kwath*



Figure 1: Lesions before *Snehapana* and *Vamana*



Figure 2: Lesions before *Snehapana* and *Vamana*

Table 1: Assessment criteria

| <i>Vamana karma</i> | | Assessment at the end of process | | | | |
|---------------------|-----------------------|-----------------------------------|---------------------------------|----------------------------------|----------------------------|--|
| Time | Blood pressure (mmHg) | Maniki Shuddhi (measurement) (mL) | Antiki Shuddhi (interpretation) | Vaigiki Shuddhi (number of Vega) | Laingiki Shuddhi (symptom) | |
| 6.45 A.M | 110/70 | | | | | |
| | | Maniki Shuddhi (measurement) (mL) | Antiki Shuddhi (interpretation) | Vaigiki Shuddhi (number of Vega) | Laingiki Shuddhi (symptom) | |
| 7.10 A.M | 120/76 | Input - 4000 Output - 3800 | <i>Pittantaka vamana</i> | Vega | Upa - vega | Lightness of the body, clear voice, proper |
| 7:40 AM | 140/70 | Input - 4200 Output - 4400 | <i>Pittantaka vamana</i> | 8 | 3 | Response to external stimuli, no flatulence, no bleeding |

was administered during the period of *Sneha pana*, On the day of *vishrama kala* and on the day of *vamana* procedure.

Vamana karma was performed using the combination of *vacha choorna* (3 g), *Madhanaphala churna* (5 g), *Yasthimadhu choorna* (10 g), *Saindhava lavana* (10 g), and *Madhu* (50 ml). The *Vamanopaga* drugs included *yasthi madhu*, *kashaya*, and *ksheera*.

Paschyat karma

After achieving *Samyaka Vamana Lakshana*, *Virechanik Dhoompan* with *Vachadi Dhoom Varti* was administered for 5 min in each nostril. During the *vamana karma*, the patient experienced 8 *Vegas* and 3 *Upavegas* indicating *Pravar Shuddhi* (excellent purification) and strong physical status. A 7-day *Samsarjana Krama* (post emesis dietary regimen) was advised, comprising three meals per day. The regimen began with *Peyya*, *Vilepi*, *Yusha*, and *Krut/Akruta Yusha* and was gradually followed by the resumption of a regular diet.^[10]

Discharge medications: *Patola katurihini kashayam* 3 tsp twice daily, *Gandhaka rasayana*- 1 tablet twice daily, *Mahatikitaka ghruta* one tsp twice daily, *Capsule Puritin* 1 tablet twice daily, *Arogyavardhini vati* - 1 tablet twice daily, external applications was advised with *Jatyadi tail* and *Jaffman lotion*.

Discussion

Ayurvedic management following a protocol consisting of *Deepana*, *pachana*, *sthanika abhyanga*, *swedana*, *snehapana*,

vamana karma, and *shamana chikitsa* showed significant resolution of symptoms in a case of *Vicharchika Kustha*. The treatment duration was 30 days. A noninterventional follow-up on the 99th day showed no recurrence of symptoms.

Deepana and Pachana – To prepare the patient for *Snehapana*, achieving *Nirama* state is essential. For this purpose, *Ama* (metabolic toxins) must be digested and *Agni* stimulated. Therefore, *Deepana-Pachana* was initiated using *Amrutotharam Kashayam* and *Arogyavardhini Vati*.^[11] *Snehapana* is the internal oleation therapy and is considered the first line of treatment in *Kushta roga* as mentioned in *Ashtanga Hridaya*. Although *Kushta* is *kledha pradhana vyadhi* (a condition dominated by excessive moisture), the rationale for administering *snehapana* lies in its ability to bring *shakashrita dosha* to *koshta*, thereby facilitating their expulsion. Additionally, *Sneha* acts as *samprati vighnana chikitsa*.^[12] As preparation for *Vamana* therapy, the patient underwent *Acchashnehapana*, which involved the oral administration of *Mahatiktaka Ghrita*, a medicated ghee formulation rich in *Tikta Rasa* (bitter taste). The bitter constituents facilitate the *Kleda Shoshanam* (desiccation of pathological moisture) and modulate the *Kapha* and *Pitta doshas*, thereby mitigating dermatological symptoms such as pruritus and xerosis [Figures 3 and 4]. Furthermore, the oleation process aids in *Leenadosha* (mobilizing entrenched *doshas*) into a *Aleena Doshaavastha* (more accessible form) for subsequent elimination. Upon the manifestation of clinical indicators denoting *Samyak Snigdha Lakshanas* (adequate oleation), the patient was deemed suitable for

Table 2: Assessment criteria

| Evaluation criteria | Baseline | | After <i>Snehapana</i> (7 th day) | | After <i>Vamana Karma</i> (9 th day) | | 39 th day | | 99 th day | |
|-------------------------|----------|---------|--|---------|---|---------|----------------------|---------|----------------------|---------|
| | Palm | Plantar | Palm | Plantar | Palm | Plantar | Palm | Plantar | Palm | Plantar |
| Erythema | 3 | 3 | 2 | 2 | 2 | 2 | 1 | 1 | 1 | 1 |
| Itching | 3 | 3 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Scaling | 2 | 1 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| Dryness | 3 | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total lesion score (A) | 11 | 8 | 6 | 4 | 3 | 3 | 1 | 1 | 1 | 1 |
| Area score (B) | 4 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Total A × B | 44 | 40 | 12 | 4 | 3 | 3 | 1 | 1 | 1 | 1 |
| Total body surface area | 44×0.1 | 14×0.2 | 12×0.1 | 4×0.2 | 3×0.1 | 2×0.2 | 1×0.1 | 1×0.2 | 1×0.1 | 1×0.2 |
| Total PASI score | 3.2 | 2.8 | 1.2 | 0.8 | 0.3 | 0.4 | 0.1 | 0.2 | 0.1 | 0.2 |

PASI – Psoriasis Area and Severity Index

Table 3: Assessment of subjective parameters

| Sign and symptoms | Initial visit | After <i>Snehapana</i> | After <i>Vamana karma</i> | Gradation of symptoms - + = symptoms increased, - = symptoms reduced | 3 months after <i>Vamana karma</i> without medicine |
|---------------------|---------------|------------------------|---------------------------|--|---|
| <i>Shyava Varna</i> | +++ | ++ | ++ | + | + |
| <i>Rukshta</i> | +++ | ++ | - | - | - |
| <i>Parusham</i> | +++ | + | - | - | - |
| <i>Kandu</i> | +++ | + | - | - | - |

Gradation of symptoms - + = symptoms increased, - = symptoms reduced

the administration of *Vamana* therapy.^[13] In preparation for *Vamana* therapy, the patient underwent *Sarvanga Abhyanga* (comprehensive body massage) using *Chakramarda Taila* and *Jatyadi Taila*, followed by *Bashpa Sweda* (steam fomentation). This regimen was designed to achieve *Dosha Shithilikarana* – the loosening of the vitiated *doshas* and to promote their mobilization from *Shaaka* (peripheral tissues) to the *Koshta* (gastrointestinal tract), thereby facilitating their subsequent expulsion.

Chakramarda Taila, formulated from *Cassia tora*, exhibits antimicrobial and anti-inflammatory properties, making it effective in managing dermatological conditions such as dermatophytosis. *Jatyadi Taila*, comprising ingredients like *Neem*, *Haridra*, and *Tila Taila*, is documented for its *Vrana Ropana* (wound-healing) and *Kandu Nirharana* (anti-pruritic) effects. The selection of these oils for *Abhyanga* was based on their efficacy in pacifying *Vata* and *Kapha doshas* and their therapeutic benefits in treating skin disorders.^[14]

In Ayurvedic practice, *Chakramarda Taila* and *Jatyadi Taila* are employed for *Abhyanga* (external oleation) due to their potent therapeutic properties. These formulations possess *Tikta* (bitter) and *Kashaya* (astringent) tastes, with a *Katu Vipaka* (pungent postdigestive effect), contributing to the mitigation of *Kapha dosha* imbalances. Their *Snigdha Guna* (unctuous quality) effectively counteracts *Rukshatva* (skin dryness), *Kharatva* (coarseness), and *Parushatva* (roughness). Furthermore, these oils possess *Kusthaghna* (anti-dermatotic) and *Kandughna* (anti-pruritic) properties, making them suitable for managing various dermatological conditions.^[15]

In Ayurvedic pharmacology, *Taila* (medicated oil) is attributed with the property of *Sūkṣmagamitva*, which refers to its

ability to traverse the body's subtle *srotas* (channels), thereby promoting the efficient absorption and systemic distribution of its active constituents. This attribute is pivotal in ensuring that therapeutic agents reach targeted tissues, thus optimizing the clinical outcomes of the administered treatment.^[16]

Chakramarda tail and *Jatyadi tail* possess antiseptic, antifungal, anti-inflammatory, antimicrobial properties making them effective in managing the present condition. During *Sarvanga Swedana*, the procedure facilitates the liquefaction of *Doshas*. *Dashamoola kwatha* in the form of *sweda* acts by promoting perspiration, enhancing circulation and alleviating symptoms such as stiffness, heaviness, and coldness by its *ushna* and *snigdha guna*. Thus, *Doshas* attain *Anuloma Gati* and are directed toward the *Koshta* for elimination.^[17]

Mahatiktaka Ghrita, as delineated in the *Ashtanga Hridaya* under the section on dermatological treatments (*Kushta Chikitsa*), is a classical Ayurvedic formulation consisting of clarified butter infused with a spectrum of *Tikta Gana Dravyas* (bitter-tasting herbs). The formulation's inherent *Laghu* (lightness) and *Ruksha* (dryness) confer anti-pruritic properties and facilitate the absorption of *Kleda* (pathological exudates) and *Vikrita Meda* (aberrant adipose tissue) while also exhibiting *Vranashodhak* (wound-cleansing) capabilities. *Mahatiktaka Ghrita* exerts its therapeutic effects on various bodily constituents, including *Kleda* (exudates), *Meda* (adipose tissue), *Lasika* (lymphatic fluid), *Rakta* (blood), *Pitta* (bile), *Sweda* (sweat), and *Shleshma* (mucus). The formulation's composite of *Katu* (pungent), *Tikta* (bitter), *Kashaya* (astringent), and *Madhura* (sweet) tastes, coupled with its *Ushna Veerya* (hot potency) and *Katu Vipaka* (pungent postdigestive transformation), renders it efficacious in the management of *Vikrita Kleda* (pathological exudates), *Meda* (adipose tissue), and *Mamsa Dhatu* (muscle tissue).^[18] Due to its lipophilic nature, *Ghrita* facilitates the



Figure 3: Lesion after *Vamana Karma*



Figure 4: Lesions after 2 months of treatment

transport of ions and medicinal compounds to target organs. This property enhances cellular absorption, allowing the medicine to reach the mitochondria and nuclear membrane. It also supports the restoration of normal skin texture. By acting at the cellular level, *Ghrita* helps reduce keratinization, regulate the cell cycle, and alleviate symptoms such as itching, discoloration, sweating, and red or white patches, thereby restoring the skin's natural appearance.^[19]

Vamana helps eliminate vitiated *Doshas*, primarily *Kapha* and *Pitta*, from the *Koshta*. The *Vamanopaga dravyas* such as *Madanphal churna*, *Vacha churna*, *Saindhav*, *Madhu*, and *Yashtimadhu phanta* possess properties such as *Ushna*, *Tikshna*, *Vyavayi*, and *Vikasi*, which enhance absorption and facilitate their reach to the *Hridaya*. From there, they travel through the *Dhamanis* to both gross and subtle channels (*Srotas*), working at the cellular level to eliminate toxins. These herbs are dominated by *Agni* and *Vayu Mahabutras*, imparting an *Urdhwabhagahar* action, which expels *Doshas* upward through the oral route. This makes *Vaman* particularly effective in managing aggravated *Doshas* in *Vicharchika Kustha*.^[20,21]

Patolakaturohinyadi Kashaya contains ingredients such as *Patola*, *Katuki*, *Chandana*, *Patha*, and *Guduchi*. These drugs exhibits properties such as *Katu Rasa*, *Tikta Rasa*, *Kashaya Rasa*, *Rechana Guna*, *Bhedana Guna*, *Pittahara*, and *Kaphahara Guna*.^[22] The presence of compounds such as piperine, ergosterol, and imidazole in *Patol katuohinyadi Kashaya* contributes to its anti-inflammatory, antioxidant, and anti-pruritic properties and enhance the bioavailability of other medicines.^[23,24]

Arogyavardhini vati, mentioned in *Rasaratnasamuccaya* under the context of *Kustha*, primarily contains *katuki*, which act as a *malashodhka*, while other ingredients function as *deepan* and *pachana*.^[25]



Figure 5: Lesions Before *Snehapana* and *Vamana*

Puritin capsule mainly contain *Gandhaka rasyana* and *Haritaki*. *Gandhaka rasayana* helps reduce skin discoloration, restores the skin's natural color, and alleviates *Dooshita kapha*. It also act as a *Kandughna*, *Kushtaghma*, and *Varnya*.^[26] Another component *Rasmanikya* corrects aggravated *Kapha* and *pitta*, enhances digestive fire, supports healthy skin tissue formation, additionally strengthens immunity to prevent infections, and promotes overall vitality and skin health.^[27] *Mahatikta Ghrita*, administered as a *Shamana Sneha*, contains *ghee* and *Tikta Gana* herbs, known for their *Laghu* and *Ruksha* properties. These qualities make it effective in reducing itching, absorbing excess moisture and abnormal fat, and cleansing wounds. *Mahatikta Ghrita* aids in reducing skin keratinization, regulating the cell cycle, and alleviating symptoms such as itching, discoloration, oiliness, sweating, and white or red patches, thereby helping to restore normal skin texture.^[19]

Conclusion

The present study demonstrates that an Ayurvedic protocol including *Snehapana*, *Vamana karma*, and *Shamana chikitsa* was effective in managing chronic *Vicharchika* (ACD). Marked clinical improvement was observed posttreatment, with sustained results over a 3-month follow-up period [Figures 5 and 6]. This validates the relevance of classical *Shodhana* and *Shamana* approaches in the management of *Kushta*. In this case, the patient experienced rapid relief following the completion of *Snehapana* and significant lesions clearance was achieved after *Vamana karma*. Further resolution of symptoms was observed during the course of *Shaman Ausudhi chikitsa*.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given his consent for his images and other clinical information to be reported in the journal. The patient understand that name



Figure 6: Lesions After 2 months of treatment with *Shamana Oushadhi*

and initials will not be published and due efforts will be made to conceal identity, but anonymity cannot be guaranteed.

Financial support and sponsorship

Nil.

Conflicts of interest

I extend my sincere thanks to the Department of *Kayachikitsa*, A. L. N. Rao Memorial *Ayurvedic* Medical College, Koppa, for their continuous support throughout the process. I am also grateful to the patient for his trust and for granting permission to publish this case. Their dedication, faith in the science, and commitment greatly contributed to the success of this work and will continue to inspire me in future endeavors.

References

- Tramontana M, Hansel K, Bianchi L, Sensini C, Malatesta N, Stingeni L. Advancing the understanding of allergic contact dermatitis: From pathophysiology to novel therapeutic approaches. *Front Med (Lausanne)* 2023;10:1184289. [doi: 10.3389/fmed.2023.1184289].
- Ale IS, Maibach HI. Irritant contact dermatitis. *Rev Environ Health* 2014;29:195-206.
- Usatine RP, Riojas M. Diagnosis and management of contact dermatitis. *Am Fam Physician* 2010;82:249-55.
- Brar KK. A review of contact dermatitis. *Ann Allergy Asthma Immunol* 2021;126:32-9.
- Kostner L, Anzengruber F, Guillod C, Recher M, Schmid-Grendelmeier P, Navarini AA. Allergic contact dermatitis. *Immunol Allergy Clin North Am* 2017;37:141-52.
- Nassau S, Fonacier L. Allergic contact dermatitis. *Med Clin North Am* 2020;104:61-76.
- Angelini G, Vena GA. Dermatosi aerotrasmesse. In: Bonamonte D, Curatoli G, Filotico R, Foti C, Grandolfo M, Mastrolonardo M, editors. *Dermatologia professionale e ambientale*. Brescia (IT): ISED; 1997. p. 123-31.
- Hara R, Singh Bhaduria P, Sisodiya P. Review of vicharchika and its management. *World J Pharm Med Res* 2021;7:7612-6. Available from: <https://www.wjpmr.com>. [Last accessed on 2024 Feb 09].
- Tripathi B. *Charaka Samhita Chikitsasthana* 7/22. Varanasi: Chaukhamba Surabharathi Prakashana; 2009. p. 305.
- Bhagyalaxmi KS, Deshpande S. Importance of panchakarma in kushta—A conceptual study. *Int Ayurvedic Med J* 2016;4:3644-9.
- Choudhary K, Gupta N, Mangal G. Therapeutic impact of Deepana-Pachana (appetizer-digestives) in panchakarma: An overview. *Int Res J Ayurveda Yoga* 2021;4:252-8.
- Gupta KA, editor. *Ashtanga Hrudaya: Vidyotini Hindi commentary*. Chikitsa Sthana 19/1. Varanasi: Chaukhamba Prakashan; 2012. p. 552. [Reprint edition].
- Tripathi B. *Astanga Hridayam Sutrasthana* 16/30. Delhi: Chaukhamba Sanskrit Prathisthan; 1999. p. 209.
- Samarwickrama AG, Kumari AD. Chakramarda Taila Preparation and Physico-Chemical Evaluation. *Int J Res Ayurveda Pharm* 2017;8:37-9.
- Kumar Meena M, Singh N, Singh M, Mahapatra S, Singh K, Professor A, et al. A review on Jatyadi Taila and its medicinal properties. *World J Pharm Life Sci* 2022;8:e2680. Available from: https://www.wjpls.org/home/article_abstract/2680. [Last accessed on 2024 Feb 09].
- Chakraborty S, Pooja, Shalini. Effectiveness of Vamana Karma in Kitibha Kustha with special reference to Psoriasis – A Case Study. *Int J Ayurveda Pharm Res* 2022;10 (Suppl 2):47-54. [doi: 10.47070/ijapr.v10iSuppl2.2505].
- Parida A, Jena S, Sawant V. A critical review on action of Swedana vis-à-vis Sudation therapy. *Int J Ayurveda Pharma Res* 2020;8:66-8.
- Thakre PP, Deshmukh S, Ade V. A case study on plaque psoriasis with Ayurvedic management. *Int J Ayurveda Med* 2020;11:342-5. Available from: <https://ijam.co.in/index.php/ijam/article/view/1449>. [Last accessed on 2024 Feb 09].
- Sharma HM. Butter oil (ghee) – Myths and facts. *Indian J Clin Pract* 1990;1:31-2.
- Prakash S, Mangal G, Hivale U, Scholar P. Review on Vamana Karma (therapeutic emesis). *Int Ayurvedic Med J* 2018. Available from: http://www.iamj.in/posts/images/upload/675_678.pdf. [Last accessed on 2018 Mar].
- Shastri JL. *Dravyaguna Vijnana*. Varanasi: Chaukhamba Orientalia; 2010. p. 113-5.
- Akshata IS, Mathapati GS. Dharmannavar. A clinical comparative study of Patolakaturohinyadi Kashaya and Trayantyadi Kashaya in Koshtrashakhashrita Kamala w.s.r. to Hepatocellular Jaundice. *J Ayurveda Integr Med Sci* 2024;8:8-13. Available from: <https://jaims.in/jaims/article/view/2952>. [Last accessed on 2025 Jun 21].
- Sunila ES, Kuttan G. Immunomodulatory and antitumor activity of *Piper longum* Linn. and piperine. *J Ethnopharmacol* 2004;90:339-46.
- Demirayak S, Karaburun AC, Beis R. Some pyrrole-substituted arylpyridazinone and phthalazinone derivatives and their antihypertensive activities. *Eur J Med Chem* 2004;39:1089-95.
- Dumbre RK, Kale AP, Patil VR, Bhosale AV, Kamble MB. Effect of Arogyavardhini in experimental prostatic hyperplasia and inflammation in rats. *Res J Pharmacogn Phytochem* 2012;4:314-7.
- Haritha MM, Jadar PG. A review on probable mode of action of gandhaka rasayana – An Ayurvedic herbo-mineral formulation with multifaceted action. *Int J Ayurveda Pharm Res* 2024;12:173-9.
- Shivhare V, Tiwari N. Ayurveda perspective of rasamanikya and its role in skin disorders: A review. *J Drug Deliv Ther* 2019;9:267-9.