

# Unraveling *Vicharchika*: A Comparative Study with Eczema and Psoriasis

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## ABSTRACT

*Vicharchika*, a chronic skin disorder described in Ayurveda, presents a clinical dilemma when compared with eczema and psoriasis. While eczema is a hypersensitivity condition characterized by itching, dryness, vesicles, and serous discharge, psoriasis is an autoimmune disorder marked by thick, scaly plaques and systemic involvement. *Vicharchika* shares core features such as *kandu* (itching), *pidika* (papules), *syava varna* (discoloration), and *bahusrava* (oozing), aligning it more closely with eczema. Ayurvedic texts describe its pathogenesis as involving Kapha (doṣa responsible for regulating body fluids and keeping the body constituents cohesive) and Pitta dosha (doṣa responsible for regulating body temperature and metabolic activities) vitiation and deeper dhatu levels (*twak*, *Rakta*, *mamsa*, *lasika*). Understanding these correlations helps clarify diagnosis and guides appropriate treatment strategies. This integrative comparison enhances therapeutic outcomes through targeted Ayurvedic interventions and highlights the need for accurate differentiation between these clinically overlapping conditions.

**Keywords:** *Vicharchika*, Eczema, Psoriasis, Kapha-Pitta dosha, Skin disorders, Ayurvedic dermatology

## INTRODUCTION

Atopic dermatitis (AD) or atopic eczema is an itchy, inflammatory skin condition with a predilection for the skin flexures. It is characterized by poorly defined erythema with edema, vesicles, and weeping in the acute stage and skin thickening (lichenification) in the chronic stage<sup>1</sup>. Eczema is a skin reaction pattern characterized histologically by spongiosis (intercellular epidermal edema). It encompasses various disorders and presents clinically with erythematous macules,

papules, vesicles, and in chronic cases, lichenification<sup>2</sup>. It results from a compromised skin barrier, which leads to impaired moisture retention and heightened sensitivity to external irritants. The condition is commonly known as the "itch that rashes"<sup>3</sup> because dry, itchy skin leads to rash due to scratching or rubbing the skin. Psoriasis is a chronic inflammatory skin disorder marked by red, raised plaques with silvery scales, commonly seen on the scalp, trunk, and extensor surfaces<sup>4</sup>. It is caused by an overactive immune system that

accelerates skin cell production, leading to thickened, scaly skin. Psoriatic lesions result from a hyperproliferative epidermis with early keratinocyte maturation and incomplete cornification (parakeratosis), leading to retained nuclei in the stratum corneum. Increased basal cell mitosis causes epidermal thickening (acanthosis) and elongated rete ridges. Inflammatory cells dendritic cells, macrophages, T cells, and neutrophils accumulate in the dermis and epidermis. The redness of lesions is due to increased, twisted capillaries beneath a thinned epithelium.<sup>5</sup>

*Vicharchika*, derived from Sanskrit roots, refers to a skin condition known for spreading and affecting the skin, especially causing cracks on the hands and feet. It aligns with eczema in modern terms and is classified in Ayurveda as a *Kshudra Kushta*<sup>6</sup> (minor skin disorder). Characteristic symptoms include itching (*kandu*), papules (*pidika*), blackish discoloration (*shyava varna*), and excessive discharge (*bahusrava*)<sup>7</sup>. Though all three *doshas* are involved, *Kapha*<sup>8</sup> (doṣa responsible for regulating body fluids and keeping the body constituents cohesive) is considered dominant according to *Charaka Samhita*, while *Sushruta Samhita* emphasizes *Pitta*<sup>9</sup> (doṣa responsible for regulating body temperature and metabolic activities) signs. Despite being labelled minor, *Vicharchika* is a difficult condition to manage.

## EPIDEMIOLOGY

Global prevalence of psoriasis varies widely, ranging from 0% to 11.8%, with most estimates falling between 0.5% and 2.5%. In the U.S., prevalence is around 4.6%, and in Canada, 4.7%. European countries report similar rates 1.4% in Norway, 1.55% in Croatia, and 1.6% in the UK. In contrast, lower rates are seen in East Africa and China's Henan district, both at 0.7%<sup>10</sup>.

A cross-sectional study found that psoriasis affects 3.0% of U.S. adults aged 20 or older—about 7.55 million people based on 2020 census data. Prevalence is similar in

women (3.2%) and men (2.8%), and highest among White individuals (3.6%), followed by multiracial/other non-Hispanic (3.1%), Asian (2.5%), Hispanic (1.9%), and Black individuals (1.5%).<sup>11</sup> In India the prevalence of psoriasis varies from 0.44 to 2.8%, it is twice more common in males compared to females, and most of the patients are in their third or fourth decade at the time of presentation.

Globally, eczema<sup>12</sup> affects 10–20% of children and 2–10% of adults. In the U.S., around 31.6 million<sup>13</sup> people (about 10% of the population) are affected. **Seborrheic dermatitis**<sup>14</sup> has a global prevalence of 4.38%, more common in adults. **Chronic hand eczema**<sup>15</sup> has a lifetime prevalence of 14.5%. **Atopic dermatitis**<sup>16</sup>, the most common eczema type, affects 16.5 million U.S. adults (6.6 million with moderate to severe forms) and 9.6 million children under 18 (one-third with moderate to severe cases). It is part of the "atopic march,"<sup>17</sup> with many patients also developing asthma (50%) and allergic rhinitis (75%).

## ETIOLOGY

*Kushtha*, a broad category of skin disorders in Ayurveda, primarily arises from **Viruddha Ahara**<sup>18</sup> (incompatible food combinations) and **Mithya Ahara**<sup>19,20</sup> (improper dietary habits). Such foods disturb *doshic* balance (Predominance of Specific Dosha), generate toxins (*Ama*), and damage body channels, particularly **Majjavaha Srotas**<sup>21</sup> (channels carrying bone marrow). Classical texts liken these foods to poison, capable of causing severe diseases and even death. Over-nourishing foods like new grains<sup>22</sup>, dairy, and alcohol are key culprits. Lifestyle factors—such as conflicting use of heat and cold, emotional stress, suppressing natural urges, and daytime sleeping aggravate *doshas* and disrupt vital *srotas* (structural or functional channels). Improper Panchakarma practices and **Paapakarma**<sup>22,23</sup> (moral misconduct) are also significant causes, linking physical and spiritual imbalances to *Kushtha*.

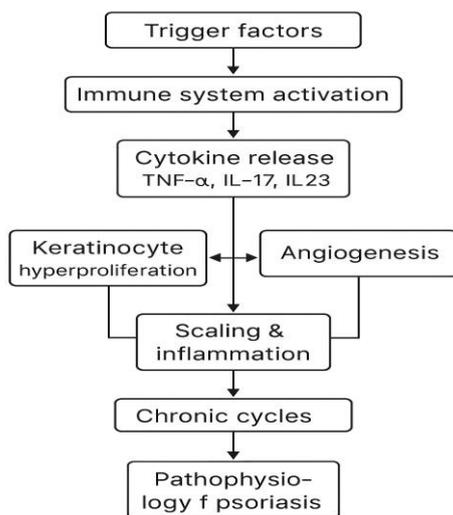
The exact cause of eczema is not fully known but is believed to result from a combination of **genetic and environmental factors**. Genetically, individuals with a family history of eczema, asthma, or allergies are more prone. **Filaggrin**<sup>24,25</sup> is a key epidermal protein essential for skin barrier formation by aggregating the keratin cytoskeleton. Mutations in the FLG gene lead to a loss of this protein, weakening the skin barrier. These mutations are strongly linked to eczema in children and young adults, and to asthma in those with eczema. The impaired barrier may enable allergens to penetrate the skin, triggering TH2 cytokine responses and promoting systemic atopic conditions. others related to lipid synthesis and immune regulation, such as **IL-4, IL-13, IL-31, and STAT3**. Mutations in these genes compromise the skin barrier and immune response. **Environmental triggers**—like detergents, allergens (e.g., pollen, pet dander), stress, temperature shifts, and infections—further aggravate the condition. An **overactive immune system** also contributes by causing inflammation in response to these triggers.

Psoriasis is a chronic autoimmune skin condition in which the immune system mistakenly attacks healthy skin cells, leading to inflammation and rapid skin cell production. This causes the buildup of thick, scaly plaques on the skin. **T cells**, which normally defend the body from infection, become overactive due to various **triggers** like stress, skin injuries, cold weather, infections, and certain medications<sup>26,27</sup>(e.g. chloroquine, lithium, beta-blockers, NSAIDs).

**Risk factors** include genetic predisposition, with around 40% of patients having a family history. Psoriasis is also linked to other conditions such as **inflammatory bowel disease, cardiovascular disease, diabetes, and obesity**. Triggers also include smoking, alcohol, trauma, and hypocalcaemia.

**Environmental factors**<sup>28</sup> play a role—symptoms often worsen in winter and improve in summer. The condition affects between 0.2% and 4.8% of the global population and is associated with specific HLA antigens, indicating a genetic basis.

## PATHOGENESIS



(Fig.1) PATHOGENESIS OF PSORIASIS



(Fig.2) PATHOGENESIS OF VICHARCHIKA



PATHOGENESIS OF ECZEMA (Fig.3)

## TYPES

### 1. ECZEMA

There are multiple subtypes, including atopic dermatitis, contact dermatitis, dyshidrotic eczema, neurodermatitis, nummular eczema, and seborrheic dermatitis—each with distinct triggers and presentations.

- **Allergic Contact Dermatitis:** A skin inflammation triggered by contact with a substance recognized by the immune system as harmful or foreign.
- **Dyshidrotic Eczema**<sup>29</sup>: A condition marked by itchy, fluid-filled blisters on the palms and soles, often caused by skin irritation. It creates vesicles that, on physical examination, can look like "tapioca pudding", which is the characteristic clinical feature of this disorder<sup>30</sup>.
- **Neurodermatitis:** Lichen Simplex Chronicus (LSC) is a localized skin condition marked by thickened (lichenified) plaques with scratch marks (excoriations). The affected areas show varying erythema, from pink to dark brown, and over time may evolve into hypopigmented patches with darker borders<sup>31</sup>. Lichen Simplex Chronicus (LSC) commonly affects easily

reachable areas like the ankles, shins, elbows, hands, upper back, neck, and anogenital regions. The lesions are often symmetrically distributed, especially on the extensor surfaces of the limbs<sup>32</sup>.

- **Discoid Eczema (Nummular Eczema):** Nummular eczema is an idiopathic inflammatory skin condition marked by multiple coin-shaped eczematous lesions, primarily affecting the extremities and trunk<sup>33</sup>.
- **Stasis Dermatitis:** A form of eczema affecting the lower legs, commonly linked to poor blood circulation and fluid buildup.

### 2. PSORIASIS

**A. Plaque Psoriasis**<sup>34</sup>: The most common form, affecting **80–90%** of individuals with psoriasis. Plaque psoriasis presents as well-defined, salmon-pink plaques with silvery-white scales, commonly in a symmetrical pattern<sup>35</sup>. It appears as **raised, inflamed patches** that vary by skin tone:

- **Light skin:** Pink or red plaques with silver-white scales
- **Medium skin:** Coral-colored plaques with silver-white scales

- **Dark skin:** Purple or brown plaques with gray scales

These lesions typically appear on the **trunk, scalp, buttocks, and limbs**, but can occur anywhere.

**A. Inverse Psoriasis:** Inverse psoriasis (IP), or flexural psoriasis, affects body folds like the axillae, genital, and inframammary areas. Its prevalence varies from 3–36% due to inconsistent diagnostic criteria. Common in infants as “napkin psoriasis,” its pathogenesis mirrors plaque psoriasis, though microbial roles remain unclear. Despite limited skin involvement, IP greatly impacts quality of life, particularly regarding sexual health and self-esteem. Notably, sudden adult onset may indicate underlying HIV infection<sup>36</sup>. **Friction and moisture** from sweating worsen the condition, especially in individuals with **overweight or deep folds**.

**B. Erythrodermic Psoriasis:** Erythrodermic psoriasis (EP) presents with widespread skin symptoms including erythema, edema, itching, poorly defined psoriatic plaques, scaling, hair loss, exudative lesions, and palmoplantar or generalized skin peeling (desquamation)<sup>37</sup>. This type can disrupt the body’s chemical balance, potentially leading to serious health complications such as: **Pneumonia, Heart failure, Swelling (edema)**. Immediate medical care is often necessary, and hospitalization may be required.

**C. Guttate Psoriasis:** Guttate psoriasis (GP) represents up to 25% of all psoriasis cases. It typically appears in children and young adults as a sudden outbreak of multiple small, red, scaly spots, primarily affecting the trunk and limbs<sup>38</sup>. **Triggers include** Respiratory or strep infections, Tonsillitis, Stress, Skin injuries It may resolve on its own but can return later, sometimes evolving into plaque psoriasis.

**D. Pustular Psoriasis:** Acute Generalized Pustular Psoriasis (GPP), or Von Zumbusch type, presents with sudden burning and skin redness, followed by widespread pustules that may appear over existing lesions. These pustules form sheets, coalesce into “lakes of pus,” and exfoliate, resulting in lesions at different stages. The tongue may show a geographic pattern, and nails may suffer severe damage, including onycholysis and onychomadesis. GPP is often accompanied by systemic symptoms such as high fever, malaise, dehydration, kidney injury, and electrolyte imbalances like hypocalcaemia<sup>39</sup>. The condition may be localized, often affecting areas like the hands and feet, or it can appear more extensively across the body.

#### ❖ **What is Psoriatic Arthritis (PsA)?**

Psoriatic arthritis (PsA)<sup>40,41,42</sup> is a chronic autoimmune disease-causing joint pain, swelling, and stiffness, often in people with psoriasis. It can affect any age group, and severity is independent of skin symptoms. About one-third of psoriasis patients develop PsA, which may go undiagnosed. It can severely impact daily activities.

#### **SITE**

- **ECZEMA: Infants: Scalp, Cheek**  
Children (2- Puberty): behind the creases of elbows or knees, neck, wrists, ankles, crease between the buttocks and legs.  
Adult: creases of the elbows, knees, or nape of neck, cover much of the body.
- **PSORIASIS:** Elbows, knees, scalp, lower back, and trunk. psoriasis can affect the palms, soles of the feet, and genitals. Psoriasis can also impact fingernails and toenails.

#### **SYMPTOMS:**

##### **1. Purvarupa (prodromes)of Vicharchika**

S. No.	Symptom (Lakshana)	Meaning	CS <sup>43</sup>	SS <sup>44</sup>	AH/AS <sup>45</sup>	BS <sup>46</sup>	KS <sup>47</sup>	Implication
1	Aswedanam	Absence of sweating	+	+	+	+	-	Kapha dominance; dryness
2	Atiswedanam	Excessive sweating	+	+	+	+	-	Pitta or vitiated sweat channels
3	Parushyam	Roughness of skin	+	+	-	-	-	Dryness, Kapha-Vata dushti
4	Atishlakshnata	Excessive smoothness	+	+	+	-	-	Early dosha vitiation
5	Vaivarnyam	Discoloration	+	+	+	-	-	Rasa-rakta dushti
6	Kandu	Itching	+	+	-	-	-	Kapha-related pruritus
7	Nistoda	Pricking sensation	+	+	+	-	-	Vata-Pitta involvement
8	Suptata	Numbness	+	+	-	-	-	Vata dushti (nerves)
9	Paridaha	Burning	+	+	-	-	-	Pitta predominance
10	Pariharsha	Horripilation	-	-	-	-	-	Cold/fear reaction
11	Lomaharsha	Goosebumps	+	+	+	+	-	Dosha imbalance
12	Kharatvam	Coarseness	+	+	-	-	-	Skin roughness
13	Ushmayanam	Warmth	+	+	-	-	-	Pitta inflammation
14	Gauravam	Heaviness	-	-	-	-	-	Kapha dominance
15	Shwayathu	Swelling	-	-	-	-	-	Inflammatory reaction
16	Visarpa Gamanam Abhikshanam	Frequent spreading	-	+	-	-	-	Chronicity, infectious nature
17	Bahya Chhidreshu Upadeha	Discharge from pores	-	-	-	-	-	Oozing lesions
18	Vedna in minor trauma	Excessive pain on trauma	-	-	-	-	-	Poor healing, sensitivity
19	Vrananam Dusti	Infection of minor wounds	-	-	-	-	-	Immunity/rakta dushti
20	Kotha Unnati	Raised urticarial lesions	+	-	-	-	-	Urticaria type manifestation
21	Asamrohnam	Delayed healing of wounds	-	-	-	-	-	Poor tissue repair
22	Shrama	Fatigue	+	-	-	-	-	Systemic dosha effect
23	Klama	Exhaustion	+	-	-	-	-	Dhatu depletion

(Table 1): Purvarupa (prodromes) of Vicharchika

## 2. Rupa (appearance/ visual form) of Vicharchika

- **KANDU (Pruritus):** Kandu refers to the sensation of itching that leads to rubbing or scratching of the skin. It is recognized as a symptom arising from the aggravation of Kapha dosha and is also classified under disorders associated with Pitta.
- **PIDIKA (Papules):** Pidika manifests as small boils or pustules. When Pitta dosha becomes excessively aggravated

and accumulates in the skin and blood, it causes red, inflamed swellings known as Pidika.

- **SYAVA (Blackish Discoloration)<sup>48</sup>:** In the initial stage of Vicharchika, the skin appears reddish due to blood vessel dilation, swelling, papules, and vesicles. *Twak Vaivarnya* refers to any abnormal skin discoloration and is a primary feature of *Kustha*. In Vicharchika, skin color may change to *Syava* (blackish), *Rakta* (reddish), or *Sweta* (whitish),

depending on the predominance of Vata (doṣa responsible for movement and cognition), Pitta (doṣa responsible for regulating body temperature and metabolic activities), or Kapha doshas (doṣa responsible for regulating body fluids and keeping the body constituents cohesive), respectively.

- **BAHUSRAVA (Oozing)<sup>49</sup>:** When pustules (Pidika) rupture due to intense itching or local trauma, it leads to profuse discharge or oozing from the lesions.

- **RUKSHATA (Dryness):** Dryness of the skin is primarily due to an increase in Vata dosha (doṣa responsible for movement and cognition). Acharya Sushruta has highlighted this symptom as indicative of the dry form of eczema.
- **RUJA (Pain)<sup>50</sup>:** Pain is mainly caused by Vata dosha. Acharya Sushruta has specifically mentioned *Atiruja* (intense pain) as a symptom observed in *Vicharchika*.

**Rupa (appearance/ visual form) According to Different Acharyas: -**

RUPA	CS	SS	AH/AS <sup>45</sup>	BS <sup>51</sup>	KS <sup>52</sup>
<b>Subjective symptoms</b>					
<i>Kandu</i>	+	+	+	+	+
<i>Vedana</i>	-	-	-	-	+
<i>Ati-ruja</i>	+	-	+	-	-
<i>Daha</i>	-	+	-	-	-
<b>Strava (nature of discharge)</b>					
<i>Bahusrava</i>	-	-	+	+	+
<i>Ruksha</i>	-	+	-	-	-
<i>Lasikadhya</i>	-	-	+	-	-
<i>Praklinna (Mamsenopachita)</i>	-	-	-	+	-
<i>Raji</i>	-	+	-	-	-
<i>Pakavati</i>	-	-	-	-	+
<b>Colour of Pidika (lesion)</b>					
<i>Shyava</i>	-	+	-	+	-
<i>Shweta</i>	+	-	+	-	-
<i>Rakta</i>	+	-	-	+	+

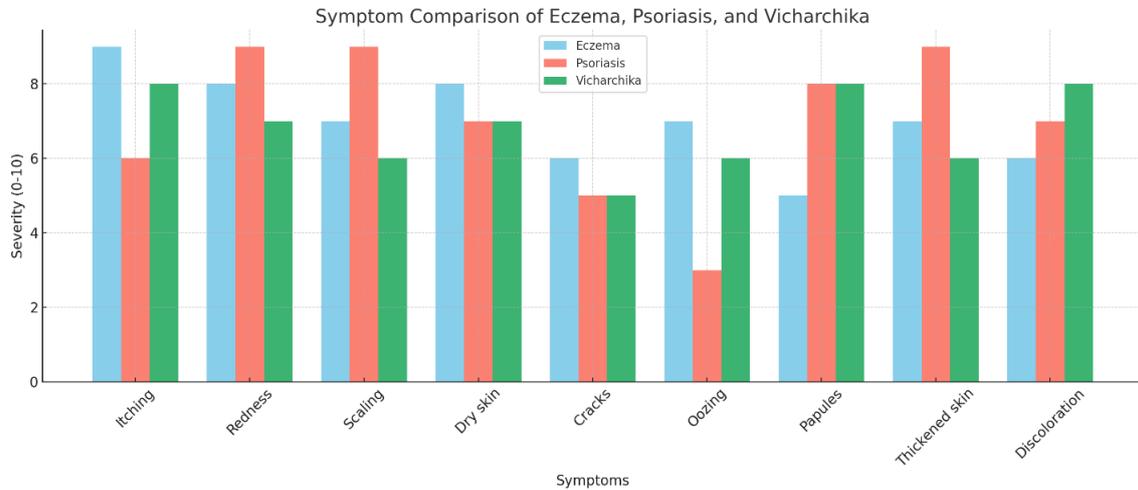
(Table 2): Rupa (appearance/ visual form) According to Different Acharyas

□ **Comparison Between Eczema & Psoriasis<sup>53</sup>**

Feature	Eczema	Psoriasis
Overview	A skin inflammation disorder, commonly referred to as dermatitis.	A chronic skin disease characterized by rapid skin cell turnover.
Common age group	Primarily affects infants and young children.	Typically seen in adults.
Typical symptoms	Intense itching, redness, erythematous papules dryness, lichenification, thick and flaky skin, often with food allergies.	Red, raised, and scaly patches of skin with silvery scales, nail abnormalities, joint pain.
Primary causes	Triggered by dry and sensitive skin, immune dysfunction, bacteria, and environmental factors.	Linked to stress, cold climates, smoking, infections, skin trauma, and certain medications like lithium, beta-blockers, antimalarials, and iodides.
Commonly affected areas	Face and inner folds of elbows and knees (flexural surfaces).	Outer sides of joints (extensor surfaces), back, scalp, and trunk.
Potential complications	<ul style="list-style-type: none"> <li>• asthma and allergic rhinitis</li> <li>• persistent itching</li> <li>• skin infections</li> <li>• allergic skin reactions</li> <li>• sleep disturbances and behavioural</li> </ul>	<ul style="list-style-type: none"> <li>• psoriatic arthritis</li> <li>• obesity</li> <li>• type 2 diabetes</li> <li>• hypertension</li> <li>• heart disease</li> </ul>

	issues	<ul style="list-style-type: none"> <li>• metabolic syndrome</li> <li>• parkinson's disease</li> </ul>
Diagnosis	Based on clinical evaluation.	Diagnosed through physical examination and may require skin biopsy for confirmation.

(Table 3): Comparison Between Eczema & Psoriasis



(Fig.4): Symptom Comparison of Eczema, Psoriasis and Vicharchika

## DISCUSSION

*Vicharchika*, as described in Ayurveda, shows a striking resemblance to eczema rather than psoriasis. While psoriasis is an autoimmune disorder marked by sharply demarcated plaques with silvery scales, *Vicharchika* exhibits symptoms closer to eczema, including *kandu* (itching), *pidika* (papules), *shyava varna* (discoloration), *bahusrava* (oozing), and *rukshata* (dryness). The symptoms of dyshidrotic eczema closely mirror those of *Vicharchika* as described by *Acharya Sushruta*. These align well with the acute and chronic phases of eczema, characterized by intense pruritus, vesiculation, and weeping lesions. Moreover, *Vicharchika's* doshic involvement (Predominance of Specific Dosha) primarily Kapha and Pitta mirrors eczema's pathology of inflammation and hypersensitivity, rather than the hyperproliferative<sup>54</sup> immune mechanisms seen in psoriasis. Ayurvedic texts emphasize the vitiation of *twak*, *rakta* (blood tissue), *mamsa*, (muscle tissue) and *lasika*<sup>55,56</sup> (watery component of the skin) structures comparable to the skin layers and lymphatics affected in eczema. Therefore, considering the clinical features,

pathogenesis, and site of lesion involvement, *Vicharchika* appears more relevant and analogous to eczema than to psoriasis. Understanding this correlation helps in targeted Ayurvedic management of eczema through dosha-specific therapies.

## CONCLUSION

*Vicharchika*, eczema, and psoriasis are chronic skin disorders with overlapping features, yet distinct etiologies and pathogenesis. Eczema aligns closely with *Vicharchika* in Ayurvedic terms, while psoriasis differs immunologically. Accurate diagnosis is essential due to differing treatments. Integrative approaches combining modern and Ayurvedic perspectives may offer better management and patient outcomes.

### Declaration by Authors

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