SJIF Impact Factor (2025): 8.688| ISI I.F. Value: 1.241| Journal DOI: 10.36713/epra2016 ISSN: 2455-7838(Online)
EPRA International Journal of Research and Development (IJRD)
Volume: 10 | Issue: 2 | February 2025 - Peer Reviewed Journal

ROLE OF APATHYA AHARA VIHARA IN ETIOPATHOGENESIS OF VICHARCHIKA W.S.R TO ECZEMA AND UPASAYATMAKA CHIKITSA BY KHADIRA TRIPHALADI KASAYA AND KARANJA VEEJA TAILA

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ABSTRACT

'Kustha' incuded all the skin disease which were described in Ayurveda, which are further divided into Maha Kustha & Kshudra Kustha. Vicharchika is one of the Kshudra Kustha runs a chronic course generally considered difficult to cure & even if it is cured, relapses are common; it is characterized with symptoms, namely Kandu (itching), Srava (discharge), Pidika (vesicles), and Shyava (discolouration) [1]. The clinical presentation of Vicharchika is similar to Eczema in modern dermatology. Eczema (also called as atopic dermatitis) is characterized by dry itchy skin with areas of poorly demarcated erythema and scale. In the acute phase, eczema may be vesicular and oozing, in the chronic phase it may become hyperpigmented and lichenified (thickened). Excoriations (scratch marks) are frequently seen. The modern science has greatly advanced, particularly in dermatology but there is no specific medicaments for sure cure of eczema but symptomatic treatments like anti allergic,steroids are used but they produce serious side effects like nephrotoxicity, osteoporosis, skin cancer etc. Ayurveda offers treatment for the root cause of eczema by cleansing vitiated Doshas and balancing the Doshas and Dhatus.

Materials and Method: - *This is a randomised open label clinical trial (single group). For this study patients of Vicharchika (Eczema) were selected randomly from the O.P.D. and I.P.D. of the Govt. Ayurvedic College and Hospital, Balangir.*

Observation and Results- *It had been observed that 8(26.67%) patients were having marked improvement, 9(30%) were having Moderate improvement, 11(36.67%) were having mild improvement and 2 (6.67%) were having no improvement.*

Conclusion- *Clinical study concludes that Khadira Triphaladi kasaya and Karanja Veeja Taila was effective in Vicharchika (Eczema) along with avoidance of Apathya Ahara Vihar.*

KEYWORDS- *Vicharchika, Eczema, Apathya Ahara Vihara*

INTRODUCTION

All Kushtas are having Tridoshaja origin, hence Vicharchika can be explained in similar manner. It is included under Rakta Pradoshaja Vikara. Also, it is classified as one of the "Ashta Mahagada".[2] Vicharchika is considered to be tridosha origin that is, Kapha is responsible for Kandu, Pitta is responsible for Srava and Shyava indicates the presence of Vata. Despite its Tridosha origin, various Acharyas mentioned different dominancy of Dosha in Vicharchika, that is, Kapha, Pitta, and Vata-pitta Pradhana which also suggests specific symptom complexes. Vicharchika has similar presentation as Eczema, which is also known as atopic dermatitis, a chronic inflammatory skin disease, characterized by dry, itchy skin which is prone to infection with areas of poorly demarcated erythema and scale. Environmental or genetic factors seem to play an important role in the progression of the disease.[3]

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According to the context of Āyurvēda, Ahara and Vihara play vital roles in the formation of disease, Kuṣṭha is one among them.Acharya Charaka explained; intake of Virudha annapana, ajirna bhojan, navarna, dadhi, Matsya, lavana, maasha, mulaka, tila, kshara, guda, vegadharana, sitambusevana after exposure to sun, panchakarma apacharina, divaswapna are the causative factors for formation of Kuṣṭha.[4]

Aims and Objectives of the study-

- To find out the role of *Apathyaaharavihar* in *Vicharchika* .
- To find out the *Samprapti Vighatana of Vicharchika* by using *Khadira Triphaladi Kasaya* and *Karanja veeja taila* .

MATERIALS AND METHODS

Selection of Patients

This is an open label randomised clinical trial.30 numbers of patients suffering from Vicharchika (Eczema) were taken for this study. They were randomly selected and screened by a special proforma which included details history taking, physical sign and sympotoms and pathological investigation from OPD and IPD of Govt. Ayurvedic College & Hospital Balangir. The consent of patient was also taken before clinical trial.

DIAGNOSTIC CRITERIA

The patients were diagnosed on the basis of subjective parameters and objective parameters for the diagnosis of Vicharchika (Eczema). The subjective parameters were *Kandu, Bahusrava, Arti, Raga, Pidaka, Shyava, Rukshyata* and the objective parameter were TLC, ESR, Hb%, FBS, PPBS, AEC.

INCLUSION CRITERIA

- Patients of both sex (male and female)
- Patients were in the age group between 18- 60 years.
- Patients who fulfill the diagnostic criteria of both Vicharchika and Eczema.
- Eczema without secondary infections.

EXCLUSION CRITERIA

- Patients with systemic disorder like Diabetes mellitus, leprosy and any carcinogenic disorder.
- Patients having signs & symptoms of other skin disorders like TB skin, scabies, psoriasis, herpes & fungal infection.
- Pregnant women
- Undergone recent surgeries.

SELECTION OF DRUGS

Two medicines *Khadira Triphaladi Kasaya*[5] and *Karanja Veeja Taila*[6] had been taken for the clinical trial. The drugs of both the medicines were identified by the experts of Dept of Dravyaguna which was approved by DRC and IEC of Govt. Ayurvedic college and Hospital, Balangir and Sambalpur University

Khadira Triphaladi Kasaya was prepared as per GMP certified methods in Mini pharmacy of college under the supervision of experts of Rasashastra & Bhaisajya Kalpana. The sample of *Khadira Triphaladi Kasaya* was sent to Quality control Laboratories of Sambalpur University for analytical study. *Karanja Veeja Taila* was prepared locally by collecting the fresh drug from the garden of GAC & H, Balangir.

Dose- Khadira Triphaladi Kasaya was given 50ml twice daily with luke warm water in empty stomach.

Karanja Veeja Taila- External Application **(**As per requirement)

Duration- 30 days

Assessment Criteria

The degree of severity were assessed by the grading score from 0-3 and data collected from pathological investigation on 15th day (AT1) and 30th day (AT2) of the treatment were assessed.

OBSERVATION AND RESULTS

The subjective and objective parameters were observed during clinical Study. The percentage of improvement were also observed and assessed after clinical trial. After observation of subjective and objective parameters, the statistical analysis of parameters, were assessed by the help of statistical method.

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DISCUSSION

DISCUSSION ON SUBJECTIVE PARAMETER

Subjective parameters		Mean	Median	SD	SE	Wilcoxon W	P-Value	% Effect	Result
Kandu	BT	2.10	2.00	0.48	0.09	-4.909[b]	0.00000091	73.02	Sig
	AT	0.57	1.00	0.57	0.10				
Bahusrava	BT	0.73	0.00	0.91	0.17	-3.314[b]	0.00091963	77.27	Sig
	AT	0.17	0.00	0.38	0.07				
Arti	BT	0.73	0.00	0.94	0.17	-3.035[b]	0.00240788	68.18	Sig
	AT	0.23	0.00	0.43	0.08				
Raga	BT	0.70	1.00	0.75	0.14	-3.557[b]	0.00037544	76.19	Sig
	AT	0.17	0.00	0.38	0.07				
Pidaka	BT	0.93	1.00	0.91	0.17	-3.704[b]	0.00021206	71.43	Sig
	AT	0.27	0.00	0.45	0.08				
Shyava	BT	1.43	1.00	0.97	0.18	-3.542[b]	0.00039641	46.51	Sig
	AT	0.77	1.00	0.50	0.09				
Rukshyata	BT	1.63	2.00	0.67	0.12	-4.710[b]	0.00000247	75.51	Sig
	AT	0.40	0.00	0.50	0.09				
Size of Lesions	BT	2.00	2.00	0.87	0.16	-4.363[b]	0.00001284	51.67	Sig
	AT	0.97	1.00	0.67	0.12				
No. of Lesions	BT	1.43	1.00	0.63	0.11	-3.051[b]	0.00228194	25.58	Sig
	AT	1.07	1.00	0.45	0.08				

In Kandu, Bhusrava, Arti, Raga, Pidaka, Shyava and Rukshyata, the percentage of effect were 73.02%, 77.27%, 68.18%, 76.19%, 71.43%, 46.51% and 75.51% respectively, P- value less than 0.05 and which were significant result.

DISCUSSION ON OBJECTIVE PARAMETER

Objective Parameters		Mean	N	SD	SE	t-Value	P-Value	% Change	Result
TLC	BT	9420.33	30	1028.75	187.82	0.404	0.689	0.53	NS
	AT	9370.00	30	862.29	157.53				
ESR	BT	19.13	30	14.43	2.63	0.769	0.448	5.23	NS
	AT	18.13	30	9.59	1.75				
Hb%	BT	13.17	30	1.35	0.25	0.119	0.906	0.10	NS
	AT	13.16	30	1.34	0.24				
FBS	BT	88.30	30	7.79	1.42	3.382	0.002	2.53	Sig
	AT	86.07	30	7.24	1.32				
PPBS	BT	118.40	30	7.02	1.28	1.364	0.183	0.99	NS
	AT	117.23	30	5.16	0.94				
AEC	BT	642.83	30	405.93	74.11	5.047	0.000	33.24	Sig
	AT	429.13	30	240.09	43.83				

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All the parameters should non-significant result except Eosinophil, Lymphocyte, FBS and AEC which showed significant result.

TLC: The percentage of effect was 0.53%. P- value was greater than 0.05 which was not significant**.**
ESR: The percentage of effect was 5.23%. P- value was greater than 0.05 which was not significant**.**
Hb%: The percentage of effect was 0.10%. P- value was greater than 0.05 which was not significant**.**
FBS: The percentage of effect was 2.53%. P- value was less than 0.05 which was significant**.**
PPBS: The percentage of effect was 0.99%. P- value was greater than 0.05 which was not significant**.**
AEC: The percentage of effect was 33.24%. P- value was less than 0.05 which was significant**.**

DISCUSSION ON APATHYA AHARA VIHARA

Apathya Ahara

Ahara	Frequency	Percentage
Matsya	25	83.33%
Lakucha	17	56.67%
Mulaka	14	46.67%
Tila	23	76.67%
Guda	26	86.67%
Dugdha	22	73.33%
Masa	30	100.00%
Madhu	24	80.00%
Dadhi	25	83.33%
Kulathha	14	46.67%
Navarnna	25	83.33%
Atiamla	16	53.33%
Atilavana	11	36.67%
Phanita	4	13.33%
Atikatu	19	63.33%
Gramya mansa	21	70.00%
Anupamansa	14	46.67%
Udakamansa	6	20.00%
Drava	20	66.67%
Snigdha	18	60.00%
Guru	16	53.33%
Pistanna	29	96.67%
Ajirneadhyasana	21	70.00%

It was observed that patients who were taking Matsya, Lakucha, Mulaka, Tila, Guda, Dugdha, Maasha were 25 (83.33%), 17 (56.67%), 14 (46.67%), 23 (76.67%), 26 (86.67%), 22 (73.33%), 30 (100%) in number respectively.

It was also noticed that the patients were taking Madhu, Dadhi, Kulatha,Nvarna, Atiamla, Atilavana, Phanita were 24(80%), 25 (83.33%), 14 (46.67%), 25 (83.33%), 16 (53.33%), 11 (36.67%), 4 (13.33%) in number respectively.

It was seen that the patients were taking Atikatu, Gramya mansa, Anupa mansa, Udaka mansa, Drava, Snigdha, Guru, Ajirneadhyasana were, 19 (63.33%), 21 (70%), 14 (46.67%), 6 (20%), 20 (66.67%), 18 (60%), 16 (53.33%), 21 (70%) in number respectively.

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Apathya Vihara

Viharaj	Frequency	Percentage
Chhardivegapratighnata	4	13.33%
Sitoushnavyatasa	23	76.67%
Sudden intake of cold water after bhaya srama santapa	22	73.33%
Doing exercise after taking heavy meal	2	6.67%
Diwaswapna	21	70.00%

Chhardivega pratighnata: The person who suppresses the chardi vega, it creates *Kapha dosha* vitiation as Chardi flows from urdhwabhaga so, *kapha* predominance there. When it obstructs it creates *Kapha dosha* vitiation. In this study it was seen in 13.33% patients.

Sitoushna vyatasa: When consuming hot and cold food together or sudden shift from winter to summer, the environment gets changed. So, imbalance of *Dosha* occurred which may create *Vicharchika*. In this study it was seen in 76.67% patient.

Intake of Cold water just after bhaya, Shrama and Santapa: When the person face bhaya shrama and santapa, *vata* and *pitta dosha* aggravate. Sudden intake of cold-water imbalances the *Dosha*s. In this study it was seen in 73.33% patient.

Doing exercise after taking heavy meal: Heavy meal creates impaired digestive fire, sudden intake of exercise after heavy meal can further weaken the digestive fire leading to impaired digestion and Ama formation. Heavy meals can aggravate *Kapha dosha*, while exercise can increase *Vata dosha*, causing imbalance of Vata and Kapha leads to bloating, cramping, and diarrhea etc. In this study it was seen in 6.67% patient.

Divaswapna: Daytime sleeping increases *Kapha dosha***,** it can weaken digestive fire (Agni), causing impaired digestion. Impaired digestion leads to accumulation of toxin i.e Ama (toxin) formation, contributing to *Vicharchika*. In this study it was seen in 70% patient.

VIRUDHA AHARA

- It was observed that majority of patients were taking Krama virudha, Kaala virudha and Desha virudha *Ahara* i.e 24 (80%), 14 (46.67%), 11 (36.67%) respectively.
- It was noticed that the patients were taking Koshtha virudha, Agni virudha, Virya virudha *Ahara* i.e 9 (30%), 6 (20%), 1(3.33%), respectively.

These Virudha *Ahara* (incompatible food combinations) can lead to skin disease by:

- ✓ Disrupting *Dosha* balance (*Vata*, *Pitta*, *Kapha*)
- ✓ Altering digestive agni, Forming Ama (toxins)

DISCUSSION ON PROBABLE MODE OF ACTION OF TRIAL DRUGS

KHADIRA TRIPHALADI KASAYA

- The ingredients of this drug are Khadira, Haritaki, Bibhitaka, Amalaki, Nimba twak, Patola patra, Guduchi and Vasa.
- In this formulation mostly drugs having *Kushtha*ghna, Shoth*ahara*, Kandughna, Krimighna, Vrana shodhana, Rasayana, Tri*dosha*samak property.
- Khadira has Tikta, Kasaya Rasa, Katu vipaka which pacifies *Kapha dosha* and sheeta veerya which acts as vrana ropana.
- Khadira has chemical constituents which help in skin disease that are
  Catechin (20-30%): A polyphenolic compound with anti-inflammatory, antioxidant, and antimicrobial properties. Epicatechin (10-20%): Similar to catechin, with added anti-cancer and immunomodulatory effects. Quercetin (5-10%): A flavonoid with anti-inflammatory, antioxidant, and anti-allergic properties. Kaempferol (2-5%): A flavonoid with anti-inflammatory, antioxidant, and antimicrobial effects. Tannins (10-20%): Astringent compounds that reduce inflammation and prevent infection. Saponins (5-10%): Anti-inflammatory and antimicrobial compounds. Flavonoids (e.g., rutin, myricetin): Antioxidant and anti-inflammatory effects.
- Haritaki having Pancha rasa Lavana varjita Kashaya rasa pradhan, Ushna virya, Madhur vipaka so, it acts as Tri*dosha*har, Soth*ahara*, Vranasodhana, and Vranaropana.
- Haritaki is having Lavana Varjitha Pancharasa, Laghu, Ruksha Guna, Ushna Virya, Madhura Vipaka and Tri*doshahara* property, specially *Vatahara*. Due to this, it helps to reduce Twak Sphutana and Rukshata.

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- Haritaki has great role in skin diseases having abundance of powerful antioxidants and nutrients like Vitamin C, magnesium, potassium, iron and copper.
- Being panchrasatmak, it effectively scavenges free radicals from the body and diminishes oxidative damage. As it is natural toner, it flushes out the toxins from the internal layers of the skin, promotes overall skin health and treats skin infections.
- Bibhitaka has Kasaya Rasa, Madhura Vipaka which pacifies *pitta.* So Raga became decreased. Due to ushna veerya it pacifies *kapha dosha* and kandu decreased.
- Bibhitaka has chemical constituent: Tannins (20-30%): Astringent compounds that reduce inflammation and prevent infection. Gallic acid (10-20%): Antioxidant, anti-inflammatory, and antimicrobial properties. Ellagic acid (5-10%): Antioxidant, anti-inflammatory, and anti-cancer effects. Flavonoids (e.g., quercetin, kaempferol): Anti-inflammatory, antioxidant, and anti-allergic properties. Saponins (5-10%): Anti-inflammatory and antimicrobial compounds. Terpenoids (e.g., β-sitosterol): Anti-inflammatory and antimicrobial effects.
- Amalaki has Pancharasa yukta Amla Pradhan Lavana barjita drvya. Due to amla rasa Pradhan, Madhura vipaka and sitta veerya it pacifies *Pitta dosha* and dcrease raga, pidaka and srava.
- Amalaki has chemical constituents which helps in *vicharchika* are:
  Anti-inflammatory: Vitamin C, flavonoids, and phenolic acids reduce inflammation and itching. Antimicrobial: Tannins, phenolic acids, and phyllemblic acid prevent infection and promote wound healing. Antioxidant: Vitamin C, flavonoids, and emblicanin A and B neutralize free radicals, reducing oxidative stress. Astringent: Tannins reduce moisture and prevent bacterial growth. Immunomodulatory: Flavonoids and phenolic acids regulate immune responses.
- Nimba has Tikta, Kasaya rasa. Due to this it decreases *pitta kapha* aggravation so, kandu, pidaka, srava symptom decrease.
- Nimba has chemical constituents which helps in *vicharchika* are:
  Anti-inflammatory: Azadirachtin, nimbin, and nimbolide reduce inflammation and itching. Antimicrobial: Azadirachtin, nimbin, and tannins prevent infection and promote wound healing. Antioxidant: Quercetin, nimbidin, and flavonoids neutralize free radicals, reducing oxidative stress. Astringent: Tannins reduce moisture and prevent bacterial growth. Immunomodulatory: Quercetin and flavonoids regulate immune responses.
- Guduchi has tikta, katu, kasaya rasa which reduce *kapha dosha* and decrease kandu and srava from the lesion. It has *tridoshaghna* property.
- Guduchi has chemical constituents which helps in *vicharchika* are:
  Alkaloids (e.g., berberine, palmatine): Anti-inflammatory, antimicrobial, and antioxidant. Glycosides (e.g., guduchoside, tinocordiside): Immunomodulatory, anti-inflammatory property. Flavonoids (e.g., quercetin, kaempferol): Anti-inflammatory, antioxidant, and anti-allergic. Terpenoids (e.g., β-sitosterol): Anti-inflammatory, antimicrobial. Polysaccharides (e.g., arabinose, galactose): Immunomodulatory property.
- Patola has tikta rasa which pacify *pitta* and *kapha dosha* in *Vicharchika*. It has tri*dosha* shamak property.
- Patola has chemical constituents which help in *vicharchika* are:
  Triterpenoids (cucurbitacins): having anti-inflammatory, antimicrobial, and antioxidant property.
  Flavonoids (e.g., quercetin, kaempferol): Anti-inflammatory, antioxidant, and anti-allergic property. Alkaloids (e.g., tricosanthin): Anti-inflammatory, antimicrobial. Glycosides (e.g., patoloside): Immunomodulatory, anti-inflammatory. Saponins: Anti-inflammatory, antimicrobial property.
- Vasa has Tikta, kasaya rasa, Katu vipaka. Due to tikta, kasaya rasa and katu vipaka it reduces *Kapha* and subsides the symptoms like Kandu, Srava.
- Vasa has chemical constituents which help in *Vicharchika*:
  Alkaloids (e.g.vasicine, vasicinone): Anti-inflammatory, antimicrobial, and bronchodilatory property. Flavonoids (e.g., quercetin, kaempferol): Anti-inflammatory, antioxidant, and anti-allergic property. Terpenoids (e.g., β-sitosterol): Anti-inflammatory, antimicrobial property. Glycosides (e.g., vasicol): Immunomodulatory, anti-inflammatory. Saponins: Anti-inflammatory, antimicrobial property.

KARANJA VEEJA TAILA

- The main ingredient of this drug is Karanja Veeja.
- Karanja has tikta, katu, kasaya rasa which help in kandughna, krumihara and vrana ropan property.
- Due to Tikshna guna it has antimicrobial property.
- Chemical composition in Karanja veeja taila are: Flavonoids (pongamol, quercetin): having anti-inflammatory, antioxidant property. Alkaloids (pongamine, kararin): Anti-inflammatory, antimicrobial. Terpenoids (β-sitosterol, stigmasterol): Anti-inflammatory, antimicrobial.Fatty acids (oleic, linoleic, palmitic): Anti-inflammatory, moisturizing. Saponins: Anti-inflammatory, antimicrobial property.

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DISCUSSION ON STATISTICAL ANALYSIS

Overall Effect	No. of Patients	Percentage
Marked Improvement	8	26.67%
Moderate Improvement	9	30.00%
Mild Improvement	11	36.67%
No Improvement	2	6.67%
Total	30	100.00%

Statistical analysis was done basing on the Subjective parameters (Kandu, Bahusrava, Arti, Raga, Pidaka, Shyava, Rukshyata, Size of lesions and No. of lesions) and Objective parameters (TLC, ESR, Hb%, FBS, PPBS, and AEC). The test of significant showed that both the trial drugs were Statistically significant at 5% level with P value <0.05 to improve all the sign and symptoms after 30 days of treatment. It was found that maximum numbers of patients (11) were having mild improvement following moderate improvement (9).

CONCLUSION

Vicharchika, being a *Kshudra Kustha*, has *Kapha* dominance and *Tridosha* janya vyadhi. Maximum patients had the history of *Apathya Ahara vihara* which clearly shows the role of Ama formation and later it developed *Vicharchika*.*Vicharchika* is a *Kapha*-dominant condition, hence people with *Kapha* dominant *Prakriti* are more prone to get it.*Vicharchika* is a disease that affects farmers, labourer, workers, housewives, student, industrial worker who are exposed to irritant substances.Excessive intake of *Amla, Lavana and Katu Rasa* with all *Apathya Ahara Vihara* which was shown in discussion part are common causative factors for *Vicharchika*. It was observed that the disease was subsided in some extent after nidana parivarjana. *Rasa, Rakta, Mamsa and Swedavaha Srotodushti* were involved. *Kapha- Vata* were main *Dosha* which vitiated these *Dhatu and Srotas*.The trial drug *Khadira triphaladi kasaya* having *Kapha-pittahara*, *Vrana ropana, Sothahara, Krumighna, Kandughna* property and *karanja veeja Taila* having *Tikshna guna, Kandughna, Krimighna* property, leads to *Samprapti vighatana*.

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