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Integrated Ayurvedic Approach in the Management of Vicharchika (Eczema): A Case Study

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ABSTRACT


Introduction: *Vicharchika* (eczema), categorized under *Kshudra Kustha* (minor skin disorders) in Ayurveda, is a chronic skin condition often associated with genetic predisposition and improper lifestyle. Modern treatments may offer temporary relief and are often associated with side effects. Ayurveda offers a holistic treatment through *Trividha Chikitsa*—*Yuktivyapashraya* (rational therapy), *Sattvavajaya* (psychological therapy), and *Daivavyapashraya* (spiritual therapy)—for comprehensive care. This case study illustrates an integrative Ayurvedic approach in managing *Vicharchika*.

Methods: A 33-year-old female presented with blackish-white lesions, itching, and burning sensations on both feet for one year, with a family history of psoriasis and vitiligo. Based on classical symptoms, it was diagnosed as *Vicharchika Kustha*. Treatment began with *Shamana* (palliative) and *Shodhana* (purificatory) therapies, including *Triphala Kwatha Avagaha*, *Brihat Dantaphala Taila*, and *Nimba Patra Parisheka*. Detox procedures involved *Virechana* and *Raktamokshana*, followed by *Yoga Basti* using *Guggulu Tiktaka Ghrita* & *Manjisthadi Ksheera*. The treatment was complemented by *Sattvavajaya* and *Daivavyapashraya* therapies.


Results: There was marked reduction in itching, discoloration, and burning sensation. Skin texture improved, lesion size reduced, and the patient reported better psychological well-being. No adverse effects were noted.

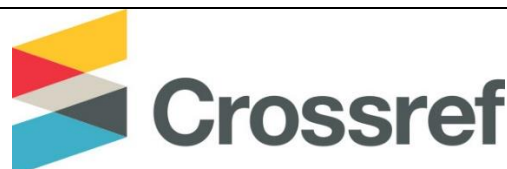
Conclusion: The case demonstrates the efficacy of *Trividha Chikitsa* in managing chronic skin conditions like *Vicharchika*. Integrating purification, palliation, and mental-spiritual interventions ensured sustained relief and enhanced quality of life.

Keywords: Ayurvedic dermatology, eczema, *Kulaja Vikara*, *Kshudra Kustha*, *Trividha Chikitsa*, *Vicharchika*

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Introduction

In Ayurvedic literature, all skin diseases are broadly classified under the umbrella of *Kustha* (skin disorders). Among these, *Vicharchika* (eczema) is specifically identified as a *Kshudra Kustha* (minor skin disorder) in the *Brihatrayi*. Skin disorders, by nature, are often chronic, recurrent, and multifactorial, making their management both challenging and prolonged. Contemporary medicine primarily offers symptomatic treatment, which may not always address the root cause. [1]

In contrast, Ayurveda provides a holistic and individualized approach, recognizing that skin disorders like *Vicharchika* often arise due to a combination of hereditary predisposition, improper lifestyle habits, and psychological stressors. The primary line of management is based on *Yuktivyapashraya Chikitsa*, encompassing key methods like *Shodhana* (purificatory therapy) and *Shamana* (palliative care). Complementary support is provided through *Sattvavajaya* (psychological therapy) and *Daivavyapashraya Chikitsa* (spiritual therapy) to enhance the overall therapeutic outcome. This integrative approach not only alleviates symptoms but also corrects the underlying *dosha*

imbalance, promoting sustainable relief and improved quality of life.

This study presents a case highlighting the successful application of *Trividha Chikitsa* in managing *Vicharchika*, demonstrating its relevance in contemporary clinical practice.

Patient information

33-year-old female, Hindu, an architect by profession visited hospital on 9th November 2024 with the complaints of blackish white patchy lesions on both feet associated with itching, pain and burning sensation in both feet for one year. Two years ago, she had blackish-white patchy lesions over both hands associated with itching and scaling of the skin, for which she took allopathic treatment and got relief. However, one year ago, there was a recurrence of similar lesions over both feet, accompanied by itching, burning sensation, and severe pain in both lower limbs. Symptoms usually aggravate during winter and rainy season and reduce during summer. For which, she took Ayurvedic medicine but didn't get satisfactory results. Family history showed that the patient's father had thickening of the skin over the foot, while her mother had no history of skin disorders. Her brother was diagnosed with eczema. On the paternal side, her grandmother had vitiligo limited to the legs, and both paternal great-

grandparents had extensive vitiligo involving the entire body. Her personal history revealed that she had regular bowel movements, though with a tendency towards constipation. Appetite was reduced. No abnormality was noted in micturition. Sleep was disturbed. She is a vegetarian and don't have any habits of alcohol consumption or smoking. However, she takes coffee 2–3 times daily and occasionally consumes bakery food items. With this background she came to our hospital for further management.

Clinical findings

On examination, icterus, oedema and clubbing were absent & pallor was present. No lymph nodes were palpable. Blood pressure was 110/80 mm of Hg, pulse rate was 78/min, respiratory rate was 18/min. Respiratory, Cardiovascular, Central nervous and gastro- intestinal System functioning was normal. Skin examination revealed blackish-white lesions over both feet with a rough texture and well-defined borders. No discharge was noted, but scaling was present. The skin temperature was normal, and mild swelling was observed in both feet. The laboratory tests performed at admission showed that the haemoglobin level was 11.5 Gm%, and the erythrocyte sedimentation rate was 40 mm in 1st hour.

Dashavidha Pareeksha (Tenfold Examination) reveals the following assessment: The *Prakruti* (body constitution) is *Kapha-Vataja* (Kapha-Vata dominant). *Vikruti* (current imbalance) is due to *Hetu* (causative factors) such as *Kulaja Vikara* (hereditary disorder), *Adhyashana* (frequent overeating), *Ajeerna Bhojana* (eating during indigestion), and *Nidra* and *Mutra Vegadharana* (suppression of sleep and urinary urges). The *Dosha* (vitiating bodily humor) involved is *Kapha-Pradhana Tridoshaja* (Kapha-dominant involvement of all three doshas). The *Dhushya* (affected tissues) are *Twak* (skin), *Mamsa* (muscles), *Rakta* (blood) and *Lasika* (lymph). The *Prakruti* of the disease is recurrent in nature, associated with itching, burning sensation, and pain. It affects the *Desha* (location) of both feet and palms, and it aggravates during the *Kala* (season) of *Hemanta*, *Shishira*, and *Varsha* (early winter, late winter, and rainy seasons respectively). *Sara* (tissue excellence) is *Madhyama* (moderate), *Samhanana* (physique compactness) is *Madhyama* (moderate), and *Pramana* (measurement of body structure) shows *Ayama Vistara Sama* (proportional height and breadth). *Satva* (mental strength) is *Pravara* (excellent). The person is *Satmya* (compatible) to *Ksheera* (milk), and *Asatmya* (incompatible) to

Ghruta, *Taila* (ghee, oil), and *Mamsa* capacity) are both *Madhyama Rasa* (meat). *Ahara Shakti* (digestive (moderate). *Vaya* (age) is *Madhyama* power) and *Vyayama Shakti* (exercise (middle age), i.e., 33 years.

Timeline

The details of timeline of the events of the case are given in [Table 1]

Table 1: Showing the timeline	
Date	Related medical history and intervention
9.11.2024	The patient first presented to the OPD with complaints of blackish-white patchy lesions on both feet, associated with itching, pain, and a burning sensation. Based on the clinical symptoms, a diagnosis of <i>Vicharchika Kustha</i> (eczema) was made. The patient was admitted and treatment was initiated.
12.11.2024	Mild itching in both lower limbs.
15.11.2024	There was a reduction in burning sensation and pain.
18.11.2024	<i>Virecana</i> was administered with proper <i>Pūrvakarma</i> , including <i>Dīpana-Pācana</i> for four days, followed by <i>Snehapāna</i> for three days, and thereafter <i>Sarvāṅga Abhyāṅga</i> and <i>Pariṣeka Sveda</i> for two days.
19.11.2024	There was improvement in the symptoms, itching reduced. <i>Raktamokshana</i> was done to the right lower limb.
20.11.2024	The patient was discharged with advice to continue <i>Shamana Aushadhis</i> .
23.03.2025	Follow up: There was significant improvement in the symptoms. There was mild cracking of the foot due to which there was severe pain and burning sensation in the feet. <i>Yoga Basti</i> was planned.
25.03.2025	Mild improvement in the symptoms.
28.03.2025	There was significant improvement in the

	symptoms. <i>Raktamokshana</i> was done to the left lower limb.
30.03.2025	Significant reduction in the symptoms. Patient was discharged.

Diagnostic assessment

Diagnosis is done as *Vicharchika Kusta* based on clinical features like *Kandu* (itching), *Pidaka* (vesicles or pustules), and *Shyava Varna* (black colour) lesions on both feet. [Figure 1]



Figure 1: lesions on both feet during first visit, before treatment.

Therapeutic intervention

During the first visit, initially, *Triphala Kwatha Avagaha* (decoction foot soak) to both lower limbs, *Brihat Dantaphala Taila* application, and *Nimba Patra Sarvanga Parisheka* (full body decoction pouring) was done for 5 days. For *Shodhana* purposes, *Virechana* (purgation) and *Raktamokshana* (bloodletting) were selected. As part of *Purvakarma* (preparatory procedures),

Deepana-Pachana was done using *Panchakola Phanta* and *Agnitundi Vati*. For *Snehapana* (internal oleation), *Guggulu Tikta Ghrita* in the form of *Pravicharana Snehapana* (administration of ghee along with food substances) was administered for 3 days. *Sarvanga Abhyanga* (full body oil massage) was done with *Marichadi Taila*, followed by *Nimba Patra Kashaya Sarvanga Parisheka* for the purpose of *Swedana*

(sudation) for 2 days. Subsequently, *Virechana* (purgation) was carried out using *Trivrit Leha*, 25 gm with hot water, which resulted in approximately 15 *Vegas* (purgative bouts). After *Virechana*, *Raktamokshana* was done on the right lower limb, and approximately 100 ml of blood was withdrawn.

For *Shamana* purposes, *Arogyavardhini Vati* one tablet (350 mg) three times per day, after food, and *Gandhaka Rasayana* one tablet (250 mg)

three times per day after food were prescribed. As part of *Sattvavajaya Chikitsa*, interventions such as reassurance, patient counselling, and structured routines were implemented. With this line of treatment, there was improvement in the symptoms. [Figure 2]

As a part of *Daivavyapashraya Chikitsa*, the patient was advised to consult an astrologer and perform the prescribed rituals as per his guidance.



Figure 2: lesions on both feet during first visit, after treatment

Follow up and outcome

During the second visit, itching was reduced. There was mild cracking of the foot, due to which there was severe pain and burning sensation in the feet [Figure 3].



Figure 3: lesions on both feet during second visit, before treatment

Yoga Basti (therapeutic enema regimen) was planned. *Anuvasana Basti* with *Guggulu Tiktaka Ghrita* (oil-based enema) and *Manjishthādi Kṣhīra Niruha Basti* (decoction enema prepared with medicated milk) were given. Internal medications comprised *Pañcakola Phāṇṭa* 30 ml three times daily before food; *Mahāmanjishthādi Kaṣhāya* 10 ml three times daily after food; *Dhātrī Loha* two tablets (250 mg each) thrice daily after food; and 4Blud Syrup 10 ml thrice daily after food.

External and procedural interventions included *Sarvāṅga Abhyanga* with *Maricādi Taila*, followed by *Sarvāṅga Nimba Patra Pariṣeka*, *Triphala Kvātha Avagāha* to both feet, and *Sirāvyadha* (bloodletting) to the left lower limb with approximately 135 ml of blood drained. With these interventions, there was a noticeable reduction in symptoms such as itching, burning, and scaling. The patient experienced progressive improvement in skin texture and relief from discomfort [Figure 4].



Figure 4: lesions on both feet during second visit, after treatment

Discussion

According to the *Charaka Saṁhitā*, *Kuṣṭha* is categorized as a *Dīrgha Roga* (chronic disease), indicating the need for long-term and consistent therapeutic intervention [2]. Ayurveda identifies multiple causative factors for skin diseases, including *Pūrvajanma Kṛta Pāpa Karma* (sins or karmic actions from previous births) [3]. *Suśruta Saṁhitā* further classifies *Kuṣṭha* as an *Ādibala Pravṛtta Vyādhi* (hereditary disease), arising from defects in the *Śukra* (sperm) and *Śoṇita* (ovum) of the parents [4]. Therefore, it required *Daivavyapāśraya Cikitsā*, *Yuktivyapāśraya Cikitsā*, as well as *Sattvavajaya Cikitsā*.

In the present case, the patient's family history of psoriasis and vitiligo indicates the presence of *Kulaja Vikāra* (hereditary disorder). In accordance with

Daivavyapāśraya Cikitsā, the patient undertook *Sarpa Saṁskāra* ritual at Kukke Subrahmanya Temple, performed *Śani Pūjā* at her residence and offered *Harake* at *Kodamanitaya Daiva* (demigod worshiped in South Canara) as advised by the astrologer.

As *Yuktivyapāśraya*, *Śodhana* and *Śamana* were planned. The patient in this case was *Sukumāra* (delicate constitution) which was assessed through *Alpa Bala* (low strength), and was *Asātmyā* (not accustomed) to *Ghṛta*. Hence, *Pravicharaṇa Snehapāna* was administered [5]. The drugs used for *Virecana Karma* possessed *Uṣṇa* (hot), *Tīkṣṇa* (sharp), *Vyāvāyī* (quickly spreading), and *Vikāśī* (penetrating) properties, which are effective in eliminating vitiated *Pitta Doṣa* from the body [6].

Raktamokṣaṇa is indicated for *Tvakdoṣa* as per *Suśruta Saṃhitā*. Ācārya Ḍalhaṇa comments that *Tvakdoṣa* refers to all the eighteen types of *Kuṣṭha Roga*. Hence *Sirāvyadha* was planned [7] As the patient was anemic, only 100 ml of blood was drawn during the first visit from the right leg, and another 135 ml during the second visit from the left leg.

In the second visit, the patient complained of pain and *Pāda Sphuṭana* (cracking of feet), suggesting *Vāta Doṣa* dominance. Therefore, *Yoga Basti* was administered. The *Anuvāsana Basti* with *Guggulu Tikṭaka Ghr̥ta* provided both anti-inflammatory and analgesic effects, acting as a *Vāta-Pittahara* [8]. The *Manjiṣṭhādi Kṣhīra Niruha Basti* functioned as a *Rakta Prasādaka* (blood purifier) and supported *Vāta Śamana* [9].

Triphala Kaṣhāya Avagāha was used to reduce inflammation and itching, owing to its *Tridoṣahara*, antimicrobial, and astringent properties [10]. *Bṛhat Dantaphala Taila* was applied to pacify itching, soften the thickened skin, and promote healing [11]. *Nimba Patra Pariṣeka* was administered to cleanse the lesions and purify the skin through its *Tikṭa Rasa* and *Kapha-Pittahara* action [12].

Oral medicines such as *Arogyavardhini Rasa*—which contains ingredients like *Kutaki* (*Picrorhiza kurroa*), *Triphala*

(*Terminalia chebula*, *Terminalia bellirica*, *Emblica officinalis*), *Guggulu* (*Commiphora wightii*), *Eranda* (*Ricinus communis*), along with mineral preparations such as *Shuddha Pārada* (purified mercury), *Shuddha Gandhaka* (purified sulfur), *Lauha Bhasma* (calcined iron), *Abhraka Bhasma* (calcined mica), and *Tāmra Bhasma* (calcined copper) processed with *Nimba* (*Azadirachta indica*) leaf juice (*patra svarasa*)—as well as *Gandhaka Rasāyana*, prepared with *Shuddha Gandhaka* processed using *Triphala Kaṣāya* (*Terminalia chebula*, *Terminalia bellirica*, *Emblica officinalis*), *Chaturjātaka Kaṣāya* (*Cinnamomum verum*, *Elettaria cardamomum*, *Cinnamomum tamala*, *Mesua ferrea*), *Gudūcī Kaṣāya* (*Tinospora cordifolia*), *Bhr̥ṅgarāja Kaṣāya* (*Eclipta alba*), and *Śuṇṭhī Svarasa* (*Zingiber officinale*), are endowed with *Kuṣṭhaghna* and *Kandughna* properties and are well established in the management of skin disorders, collectively aiding in the pacification of all three *Doṣas*. [13]. Supplements like 4Blud Syrup, a proprietary medicine having major ingredients such as Āmalakī (*Phyllanthus emblica*), Bibhītakī (*Terminalia bellirica*), Punarnavā (*Boerhavia diffusa*), Kāṣīsa Śuddha (Purified Green Vitriol – mineral), Aśvagandhā (*Withania somnifera*), and Yaṣṭimadhu (*Glycyrrhiza glabra*),

Dhātrī Loha, and *Mahāmanjīsthādi Kaṣhāya* helped in purifying the blood and improving anemia by enhancing hemoglobin levels.

The patient experienced stress due to persistent symptoms. Measures such as reassurance, patient counselling, structured daily routines, and *Pathya-Apathya* (wholesome and unwholesome diet and lifestyle) played a supportive role, especially considering the chronicity and recurrence of the condition. The patient was advised *Pathya* consisting of easily digestible foods such as rice, wheat, barley, vegetables Bitter gourd, Ridge gourd, Bottle gourd, Snake gourd, citrus fruits, and pomegranate, etc., along with lifestyle practices like *Prāṇāyāma*, Yoga, regular oil massage, and proper sleep, while strictly avoiding *Apathya* such as bakery items, curd, excess sweets, day sleep, and excessive stress. These interventions promoted emotional well-being, reduced anxiety related to the disease, and improved adherence to the prolonged Ayurvedic regimen. Thus, *Sattvavajaya Cikitsā* complemented

Daivavyapāśraya and *Yuktivyapāśraya* treatments, contributing holistically to the healing process.

Conclusion

Skin disorders often necessitate prolonged and holistic treatment approaches. Ayurveda emphasizes the integration of *Śodhana* and *Śamana* therapies, supported by *Pathya-Apathya*, to restore *doṣic* balance and promote sustained healing. Beyond the physical dimension, the Ayurvedic system incorporates *Trividha Cikitsā*—*Daivavyapāśraya*, *Yuktivyapāśraya*, and *Sattvavajaya*—to address the deeper roots of chronic disorders such as *Vicarcikā*.

In this case, the strategic application of all three modalities led to significant symptomatic relief and improvement in the patient's overall well-being. The integration of these therapeutic dimensions underscores the efficacy of Ayurveda in managing chronic, recurrent skin diseases through a truly holistic, individualized, and multidimensional approach.

References

1. Agarwal P, Meena H, Mutha R, Shinsha, Annu. An insight on *Vicarcikā* and its management. *JAIMS*. 2024 Dec 7;9(9):68–74. Available from: <https://www.jaims.in/jaims/article/view/3826/5733>.
2. *Caraka Saṃhitā*, *Sūtrasthāna*, *Yajñah Puruṣīya Adhyāya* 25/40. Available from: <https://niimh.nic.in/ebooks/ecaraka/index.php>. (Accessed on 12 July 2025)

3. *Caraka Saṃhitā*, Cikitsāsthāna, Kuṣṭha Cikitsita Adhyāya 7/8. Available from: <https://niimh.nic.in/ebooks/ecaraka/indexp> (Accessed on 12 July 2025)
4. *Suśruta Saṃhitā*, Sūtrasthāna, Vyādhi Samuddeśīya Adhyāya 24/5. Available from: <https://niimh.nic.in/ebooks/esushruta>. (Accessed on 12 July 2025)
5. *Caraka Saṃhitā*, Sūtrasthāna, Sneha Adhyāya 13/82. Available from: <https://niimh.nic.in/ebooks/ecaraka/index.php>. (Accessed on 12 July 2025)
6. *Caraka Saṃhitā*, Kalpasthāna, Madanakalpa Adhyāya 1/5. Available from: <https://niimh.nic.in/ebooks/ecaraka/index.php>. (Accessed on 12 July 2025)
7. *Suśruta Saṃhitā*, Sūtrasthāna, Śonitāvarṇanīya Adhyāya 14/34. Available from: <https://niimh.nic.in/ebooks/esushruta>. (Accessed on 12 July 2025)
8. Ray, Rao V, Shreevasulu SR. Clinical evaluation of *Guggulu Tikta Ghṛta Matrā Basti* and *Pravāla Piṣṭi* in the management of *Asthi Kṣhaya* w.s.r. to osteoporosis. *IJAPR*. 2016;4(6). Available from: <https://ijapr.in/index.php/ijapr/article/view/361>.
9. Bhuvā D, Thakar AB. Effect of *Manjiṣṭhādi Kṣhīra Basti* in the management of post-COVID avascular necrosis of head of femur w.s.r. to *Asthi-Majjāgata Vāta*: a case study. *JETIR*. Nov 2022;9(11). Available from: <https://www.jetir.org/papers/JETIR2211441.pdf>
10. Kamali SH, Khalaj AR, Shirin HR, Esfehāni MM, Kamalinejad M, Larijani B. A systematic review of the antioxidant, anti-diabetic, and anti-obesity effects and safety of *Triphala* herbal formulation. *J Med Plants Res*. 2013;7(14):831–44. Available from: <https://www.semanticscholar.org/paper/A-systematic-review-of-the-antioxidant%2C-and-effects-Hamid-Reza/789667cfbacd00e7021f22474b5a042834daa169>.
11. Chakraborty Subhrajyoti, Pooja, Shalini. Effectiveness of *Vamana Karma* in *Kitibha Kuṣṭha* with special reference to psoriasis – A case study. *International Journal of Ayurveda and Pharma Research*. 2022;10(Suppl2):47–54. Available from: <https://doi.org/10.47070/ijapr.v10iSuppl2.2505>
12. Anu P, et al. Ayurvedic management of stasis dermatitis: a case study. *International Ayurvedic Medical Journal* [online]. 2022 [cited Feb 2022]. Available from: http://www.iamj.in/posts/images/upload/545_549.pdf
13. Chavhan MH, Wajpeyi SM. Management of *Dāḍru Kuṣṭha* (*Tinea corporis*) through Ayurveda – a case study. *IJAM*. 2020 Mar 24;11(1):120–3. Available from: https://www.researchgate.net/publication/344645918_Management_of_Dadru_Kushta_Tinea_corporis_through_Ayurveda-A_Case_Study