IJOOAR

INDIAN JOURNAL OF ODYSSEY OF AYURVED RESEARCH

Nitya Virechana versus Classical *Virechana* in *Vicharchika*: A Literature Review

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ORCID ID: 0009-0009-1731-5897
DOI No.: https://doi.org/10.5281/zenodo.22970931
Date of Acceptance: 5 Sept 2026 **Date of Publication**: 10 Sept 2026

Abstract

Background: ***Vicharchika*** a *Kshudra Kushtha*, [1] clinically characterized by *Kandu, Pidaka, Shyava, Srava, Rukshata, Daha, vaivarnaya and Atiruja* correlated with **eczema or atopic dermatitis .**[2] Severely impacts physical comfort, emotional wellbeing, and social functioning. The chronic and relapsing nature of this condition makes long-term management particularly challenging. It is multi-factorial and psychosomatic in nature. *Vicharchika* involve ***Kapha-Pitta Dushti***. *Ayurveda* offers a unique approach by addressing the root cause through *Shodhana***.** It a literature survey to assess effect of **Classical *Virechana* and *Nitya Virechana*** in *Vicharchika***.**

Keywords: *Vicharchika*, *Nitya Virechana*, Classical *Virechana*, Shodhana, Eczema.

Objective: To critically compare the therapeutic rationale, indications, procedural characteristics and potential clinical application of *Nitya Virechana* and classical *Virechana* in *Vicharchika*.

Materials and Methods:

A narrative critical review was undertaken using classical Ayurvedic literature and relevant published literature. The review focused on *Vicharchika Samprapti*, *Dosha-Dushya* involvement, *Bahudoshavastha*, indications of *Virechana*, *Nitya Virechana*, repeated Shodhana and individualized treatment based on *Rogibala, Rogavastha, Koshtha, Agni, Prakriti, Dosha and Kala.*

Results:

Both approaches aim at controlled *Dosha* elimination through the *Adhobhaga* but differ in intensity, preparation, dose and frequency. Classical *Virechana* is generally suited to patients with adequate *Bala* and appropriate *Dosha Utklesha* and involves a structured preparatory and post-procedural regimen. *Nitya Virechana* employs repeated calculated *matra* for gradual *Dosha Nirharana* with daily routine.

Conclusion:

Nitya and classical *Virechana* should not be viewed merely as daily versus occasional purgation. They represent distinct therapeutic strategies requiring individualized selection. Comparative clinical trials with standardized procedural, dermatological, biochemical, safety and patient-reported outcomes are needed to establish their relative efficacy and safety in *Vicharchika*.

1. Introduction

Vicharchika occupies an important position within the Ayurvedic dermatological framework of *Kushtha*. It is categorized among the *Kshudra-Kushtha* and is characterized by clinical manifestations such as *Kandu, Pidaka, Shyava Varna and Bahusrava* in the *Charaka* tradition, while Sushruta emphasizes *Rajyo, Atikandu, Atiruja and Rukshata*. *Vicharchika*'s clinical features overlapping with eczema, including pruritus, burning, oozing, papules, vesicles, dryness, scaling, discoloration and lichenification.

सकण्डूः पिडका श्यावा बहुस्स्रावा विचर्चिका ॥ (च.चि.7/26) [4]

It affects an estimated **15–20% of children** and **1–3% of adults** globally**.** The pathogenesis of *Vicharchika* cannot be reduced to the disturbance of a single *Dosha*. The available Ayurvedic literature describes *Tridosha* involvement with differences in emphasis among the Samhitas. *Charaka* considers *Kapha* predominance, whereas *Sushruta* emphasizes *Pitta.Twak, Rakta, Mamsa* and *Lasika* are important *Dushya* described.

This multidimensional pathogenesis provides the rationale for a therapeutic strategy that extends beyond local symptomatic treatment. *Shodhana* is particularly relevant when *Dosha* accumulation is significant and the patient's strength permits purification. Repeated *Shodhana* is described in *Kushtha* and identifies *Virechana* as particularly relevant to *Pitta* and *Rakta* involvement.

However, a clinically important question remains insufficiently explored: Should every patient with *Vicharchika* requiring *Virechana* undergo a conventional, intensive *Virechana* protocol, or can selected patients benefit from *Nitya Virechana*, in which *Dosha* is eliminated repeatedly in smaller quantities?

The concept of *Nitya Virechana* becomes particularly relevant in this context. It is described as repeated administration of *Virechana* medicine in *Hriswa or Madhyama Matra*, particularly when *Doshas* are excessively aggravated but the patient has limited strength.

Therefore, comparing these two therapeutic approaches may provide a clinically meaningful framework for individualized *Panchakarma* in chronic and recurrent *Vicharchika*.

Vicharchika* as Kshudra-*Kushtha

Classical source	Predominant conceptual emphasis	Major features
Charaka	*Kapha* predominance with *Tridosha* involvement	*Kandu, Shyava Pidaka, Bahusrava*
Sushruta	*Pitta* predominance	*Atikandu, Atiruja, Rukshata, Rajyo*
Vagbhata	*Tridoshic* framework	*Kandu with Lasika/Bahusrava*-related manifestations

This variation has direct therapeutic implications. A patient presenting predominantly with ***Kleda, Srava* and *Kandu*** may represent a different therapeutic phenotype from one presenting with ***Rukshata, Daha, Rajyo* and *Atiruja***. Consequently, the decision to administer *Virechana* and the selection of its intensity should be based on the individual's *Dosha-Dushya* state rather than the disease label alone.

Nidana

विरोधीन्यन्नपानानि दुवस्निग्धगुरूणि च ।भजतामागतां छर्दि वेगांश्चान्यान्प्रतिघ्नताम्॥४॥
व्यायाममतिसंतापमतिभुक्त्वोपसेविनाम् ।शीतोष्णलङ्घनाहारान् क्रमं मुक्त्वा निषेविणाम्॥
धर्मश्रमभयार्तानां दुतं शीताम्बुसेविनाम्।अजीर्णाध्यशिनां चैव पञ्चकर्मापचारिणाम्॥६॥
नवान्नदैधिमत्स्यातिलवणाम्लनिषेविणाम् ।माषमूलकपिष्टान्नतिलक्षीरगुडा शिनाम् ॥ ७॥
व्यवायं चाप्यजीर्णेऽन्ने निद्रां च भजतां दिवा । विप्रान् गुरून् धर्षयतां पापं कर्म च कुर्वताम् ॥ ८ ॥
(**च.चि**.7/4-8) [5]

The causative factors of *Vicharchika* are interpreted through the broader *Nidana* of *Kushtha*. These include *Aharaja*, *Viharaja* and *Acharaja* factors. Incompatible dietary combinations, excessive use of

certain heavy, sour, salty or unwholesome foods, consumption during indigestion, suppression of natural urges and improper *Panchakarma* practices are described among the relevant factors.

According to the *Acharya Charaka, Tridosha* become vitiated following *Nidana Sevana* and subsequently affect *Twak, Rakta, Mamsa* and *Lasika*. A process involving loosening/contamination of these tissues and progressive manifestation of *Kushtha*.

Acharya Sushruta provides a further perspective: aggravated *Pitta* and *Kapha* may obstruct the normal movement of *Vata*; the *Doshas* then enter the *Tiryag-Sira* and spread toward the *Bahya Rogamarga*, involving *Twak, Rakta, Mamsa* and *Lasika*.

Pathogenesis

"*Samprapti Vighatanameva Chikitsa*"

This concept establishes that treatment is nothing but the breaking (*vighatana*) of the pathological amalgamation (*sammurchana*) between vitiated *doshas* and tissues *dushyas*.

वातादयस्त्रयो दुष्टास्त्वग्रक्तं मांसमम्बु च ।दूषयन्ति स कुष्ठानां सप्तको द्रव्यसंग्रहः ॥ ९ ॥
अतः कुष्ठानि जायन्ते सप्त चैकादशैव च ।न चैकदोषजे किञ्चित् कुष्ठं समुपलभ्यते ॥ १० ॥ (**च.चि**.7/9-10) [6]

The resulting *Samprapti* may therefore be conceptualized as:

Nidana Sevana → Tridosha Prakopa → Agni Dushti/Ama → Twak-Rakta-Mamsa-Lasika Dushti → Srotodushti → Bahya Rogamarga involvement → Vicharchika

This provides the theoretical basis for considering both ***Dosha* elimination** and ***Agni/Srotas* correction** in management.

***Virechana*:**

***Nirukti* of *Virechana* According to *vachaspati* and *shabdalkalpadruma*:**

The word "*Virechana*" is derived from the root word– *vi*(*upasarga*) + *rich* (*dhatu*) + *lyut* (*pratyaya*) । 'Vi'- *Upasarga* with *'Nich'* and *'Lyut'* pratyayas giving meaning "*Visheshena rechayateeti*"[8] and "*Maladi Nissarena*" forming *Virechana* word.

Paribhasha* of *Virechana

The act of expelling the *doshas* through *adhobhaga* is known as *Virechana*. Meaning of the word *Adhobhaga* implies to *Guda Marga*.

तत्र दोषहरणं अधोभागम् विरेचन संज्ञकं ।
उभयं वा शरीरमल विरेचनात् विरेचनसंज्ञां लभते ॥ च.क. १/४ [9]

Table: Showing Gunas of *Virechana* Dravya. [10]

Guna	**Karma**
Ushna	*Vishyandana* of *samghata dosha* (liquefies dosha).
Sukshma	*Anupravanabhavat*
Vyavayi	*Vyavayi deham akhilam vyapya pakaya kalpate* (The drug which spreads all over the body and then under goes digestion.)
Vikasi	*Vikashi vikashan dhatun sandhi bhandhan vimuchyate* (The drug which loosens the bodily joints by seperating the ojus from the tissues.)
Adhobhaga nirharana	Elimination through *adho bhaga* (anal route).
Teekshna	*Vichchindanti.* separates the adhered dosha located in the gross and subtle channels of body

Rationale for *Virechana* in *Vicharchika*

Virechana is primarily associated with the elimination of aggravated *Pitta* through the *Adhobhaga*. The *Nitya Virechana* review describes its action particularly in *Pitta*, *Pitta*-associated *Kapha* and specific *Pitta-Vata* states.

Virechana relevance to *Vicharchika* may be interpreted through several Ayurvedic mechanisms:

1. ***Pitta Nirharana*** – *Pitta*-dominant manifestations.
2. ***Rakta*-related Dosha elimination** – *Rakta* is a major *Dushya* in *Kushtha*.
3. ***Kleda* management** – relevant in *Kapha*-dominant, moist and exudative phenotypes.
4. ***Koshtha Shuddhi*** – correction of the gastrointestinal reservoir of *Dosha*.
5. ***Vatanulomana*** – particularly where *Avarana* and *Srotorodha* are conceptualized.
6. ***Agni* support** – appropriate when *Agnimandya* contributes to disease perpetuation.

Nitya Virechana in *Kushtha* may facilitate *Koshtha Shuddhi, Pitta Rechana* and *Vatanulomana,* while emphasizing that excessive *Dosha* elimination may weaken the patient and aggravate *Vata*.

General Indications of *Virechana* [11]

Pitta, Pittasthanagata alpa kapha, Kaphasthanagata bahu pitta, Pittavrutavata, Pakwaashayagata pitta or kapha pitta

Classical *Virechana*:

1. *Purva karma*: -

1) *Sambhara Samgraha*

A) *Arha:*

शेषास्तु विरेच्याः विशेषतस्तु कुष्ठज्वरमेहोर्ध्वरक्त-पित्तभगन्दरोदरार्शोब्रघ्नप्लीहगुल्मार्बुदगलगण्डग्रन्थि-विसूचिकालसकमूत्राघातक्रिमिकोष्ठविसर्पपाण्डुरोग-शिरः पार्श्वशूलोदावर्तनेत्रास्यदाहहृद्रोगव्यङ्गनीलिका-नेत्रनासिकास्यस्रवणहलीमकश्वासकासकामलापच्य-पस्मारोन्मादवातरक्तयोनिरेतोदोषतैमिर्यारोचकाविपा-कच्छर्दिश्वयथूदरविस्फोटकादयः पित्तव्याधयो विशेषेण महारोगाध्यायोक्ताश्च एतेषु हि विरेचनं प्रधानतममित्युक्तमग्नयुपशमेऽग्निगृहवत्। च. सि. 2/13

B) *Anarha:*

अविरेच्यास्तु सुगमक्षतगुदमुक्तनालाधोभागरक्तपित्ति-विलङ्घितदुर्बलेन्द्रियाल्पाग्निनिरूढकामादिव्यग्राजीर्णन वज्वरिमदात्ययिताध्मातशल्यार्दिताभिहतातिस्निग्धरू क्षदारुणकोष्ठाः क्षतादयश्च गर्भिण्यन्ताः। च. सि. 2/11

3) *Aatura Pariksha:*

Ashtawidha Pariksha [12]**:** *Mala, Mutra, Jihva, kshudra, Nidra, Prakruti, Bala, aakruti*.

Koshta pariksha [13]**:** It is important to do *koshta and Agni pariksha* before *Snehapana*.

A) ***Mrudu koshta***: In which only milk can cause *Virechana.*

B) ***Krura koshta*****:** Even *Tikshna dravya* like *Nishotha* cannot cause *Virechana.*

Agni Pariksha [14]**:-**Acc. To Ayurveda 4 types of *Agni*

1. ***Sama Agni***: Digestion happens in time
2. ***Visham Agni***: Digestion sometimes on time and sometimes not in time.
3. ***Tikshnagni*****:** Even *guru Anna* digests early.
4. ***Mandagni***-Even *laghu Anna* not digest in time

iii) *Aatura Siddhata*:-

विरेचनमपि स्निग्धस्विन्नाय वान्ताय च देयम्; अवान्तस्य हि सम्यग्विरिक्तस्यापि सतोऽधः ग्रस्तः श्लेष्मा ग्रहणीं छादयति गौरवमापादयति, प्रवाहिका वा जनयति ॥ १८ ॥ सु.चि.33/18

a) *Deepan and Pachan*: Before *Snehana Pachan and Rukshata* is done.

b) *Snehapana: Snehapana* for 3-7 days according to patient's disease, *prakruti and dosha koshta* till *Snehana siddha lakshana.*

c*) Abhyanga* and *swedana* [15]: For 2days

iv) **Diet in *Snehapana kala*** [16]**:**

भोज्योऽन्नं मात्रया पास्यन् श्वः पिबन् पीतवानपि । द्रवोष्णमनभिष्यन्दि नातिस्निग्धमसङ्करम् ॥ अ.हृ.सू16/25

Laghu Anna should be taken during *Snehapana kala*. Ex. Muga khichadi, *Koshna jala*.

v) **Diet during rest period** [17]**:**

अथातुरं श्वो विरेचनं पाययिताऽस्मीति सूर्वाह्न लघु भोजयेत्, फलाम्लमुष्णोदकं चैनमनुपाययेत् ।

सु.चि.33/18[17]

Virechanopaga diet [17] – *snigdha, liquid, ushna,* mansrasa, rice, *Amla rasatmaka* fruits, diet should not be *kapha* v*riddhikara,* otherwise it can cause *vamana.*

2. *Pradhan Karma*:

1. *Virechana* yoga sevana: After performing of *abhyanga and swedana* on empty stomach at 9:00 to 9:30 AM.
2. Patient observation: After administration of *Virechana yoga* approx. 1 to 1 and half Hours later. *Purisha, pitta, Kapha* comes out simultaneously.
    a. *Kaphanta Virechana* is expected.
3. After every *Vega,* BP, pulse, *Jihva,* observation have to be taken.

Vega nirikshana [18]**:**

दशैव ते द्वित्रिगुणाधिरेके प्रस्थस्तथा द्वित्रिचतुर्गुणश्च ।

पित्तान्तमिष्टं वमनं विरेकादर्घ कफान्तं च विरेकमाहुः ॥ च. सि. १/१४[18]

By observation of *Vega uttama, madhyam, hina shuddhi* observation is done [18].

Shuddhi Prakara	***Pravara Shodhana***	***Madhyama Shodhana***	***Avara Shodhana***
Vaigiki	*30 Vegas*	*20 Vegas*	*10 Vegas*
Maniki	*4 Prastha*	*3 Prastha*	*2 Prastha*
Antiki	*Kaphanta*	*Kaphanta*	*Kaphanta*

Samyaka yoga-Lakshana* of *Virechana: [19]

दौर्बल्यं लाघवं ग्लानिर्व्याधीनामणुता रुचिः । हृद्वर्णशुद्धिः क्षुत्तृष्णा काले वेगप्रवर्तनम् ॥

बुद्धीन्द्रियमनः शुद्धिर्मारुतस्यानुलोमता । सम्यग्विरिक्तलिङ्गानि कायाग्नेश्चानुवर्तनम् ॥ (च.सू. १६ / ५-६)

Hina yoga-Lakshana of Virechana: [20]

ष्ठीवनं हृदयाशुद्धिरुत्क्लेशः श्लेष्मपित्तयोः । आध्मानमरुचिश्छर्दिरदौर्बल्यमलाघवम् ॥

जङ्घोरुसदनं तन्द्रा स्तैमित्यं पीनसागमः । लक्षणान्यविरिक्तानां मारुतस्य च निग्रहः ॥ (च.सू. १६/ ७-८

Atiyoga-Lakshana of Virechana: [21]

विपित्तश्लेष्मवातानामागतानां यथाक्रमम् ।परंस्रवति यद्रक्तं मेदोमांसोदकोपमम् ॥

निःश्लेष्मपित्तमुदकं शोणितं कृष्णमेव वा । तृष्यतो मारुतार्तस्य सोऽतियोगः प्रमुह्यतः ॥(च.सू. १६/९ -१०)

4. ***Paschat karma*** [22]**:-** *Samsarjana Karma*: च. सि. १/११[22]

पेयां विलेषीमक्कृतं कृतं च यूषं रसं त्रिद्विरथैकशश्च ॥ ११ ॥
क्रमेण सेवेत विशुद्धकायः प्रधानमध्यावरशुद्धिशुद्धः ।

Nitya Virechana *[23, 24]*

Nitya Virechana can be defined as one of the shodhana karma which is done to eliminate the excessively aggravated doshas (*bahudosha*) in small quantity (*stoka stoka dosha nirharana*) in *ALPA bala rogi* on daily basis by administering *hriswa / madhyama matra Virechana* oushadha.

"स्तोकम् स्तोकम् दोषनिर्हरणम्" ।

Nitya Virechana is not simply a low-dose version of classical *Virechana*. Conceptually, it represents a distinct therapeutic strategy based on **repeated, controlled elimination of Dosha**.

It is described as daily administration of a mild or moderate *Virechana* drug in *Hriswa* or *Madhyama Matra*, particularly in *Alpa-Bala* patients with *Bahudoshavastha*.

The principal conceptual components are:

***Bahudosha* + *Alpa Rogibala* → *Hriswa/Madhyama Matra* → repeated *Dosha Nirharana* → *Koshtha Shuddhi* + *Vatanulomana* + controlled *Dosha* reduction**

The review also emphasizes that the choice of drug and dose depends upon *Dosha, Dushya, Prakriti, Kala, Bala and Koshtha.*

Nitya Virechana Oushadhi Vidhi

Purvakarma –

- Examination of the patient for *yogya* and *ayogya*.
- Proper examination of the patient is pre-requisite for carrying out *Nitya Virechana*. *Bala* of the *roga*/*dosha avasta* (*Bahudoshavasta*) and *rogibala* should be assessed to achieve proper *shodhana*.
- One should consider *dosha, bheshaja, desha, kala, shareera, ahara, satmya, prakruti, vaya and samavastha* before administration of *Nitya* virechana *oushadhi*.
- Nature of the *koshta* for the selection of the *oushadha dravya* and *oushadha matra.*
- *Deepana* and *pachana oushadhi* are given for *amapachana* and to avoid *agnimandhya* and also for easy absorption of *oushadha dravya*.

- *Purvakarma* like *snehana, swedana* and *vishrama kala* are not necessary before *Nitya Virechana karma*.

Pradhana Karma –

- *Virechana yoga sevana: Virechana Oushadha Sevana Kala Shleshmakale gate jnatwaa samyak koshtam virechayet* |A.H.SU.18/33.

Virechana drugs are administered after *shleshmakala* i.e. after time of *kapha* has passed at around 8.30 to 10 a.m on empty stomach.

- No *vyapad* can occur as it is given in *hriswa matra*.
- *Atura paricharya* and *nirikshana*: After administration of the *Nitya Virechana oushadha*, the *vaidya* must observe for the manifestation of *jeerna* and *ajeerna oushadha lakshana*.

अनुलोमोऽनिलः स्वास्थ्यं चुत्तृष्णोर्जो मनस्विता । लघुत्वमिन्द्रियोगारशुद्धिर्जीर्णौषधा कृतिः॥26॥
क्लमो दाहोऽङ्गसदनं भ्रमो मूच्छां शिरोरुजा । अरतिबंलहानिश्च सावशेषौषधाकृतिः ॥27॥ च. सि. 6/26-27[25]

Paschat Karma-

The *samsarjana krama* which is mentioned for Classical *Virechana* is not required in *Nitya Virechana karma*, but to maintain *agni* and as the *bala* of the *rogi* is less due to *bahudoshavasta* the *pathya* and *apthya* should be followed.

Nitya Virechana* in *Kushtha

पक्षात्पक्षाच्छर्दनान्यभ्युपेयान्मासान्मासाच्छोधनान्यप्यधस्तात् ।
शुद्धिर्मूर्ध्नि स्यात् त्रिरात्रात् त्रिरात्रात् षष्ठे षष्ठे मास्यसृमोक्षणं च ।। ९६ ।।

(अ.ह्.चि.१९/९६)[25]

One of the most important observations relevant to the present review is that *Kushtha* is regarded as a ***Bahudoshajanya*** condition involving ***Tridosha* and multiple *Dushya***. When *Doshas* are excessively aggravated, repeated *Shodhana* is described, but excessive elimination must be avoided because it can cause weakness and *Vata* aggravation.

The same source reports the classical description of administering a mild *Virechana* preparation every morning for several consecutive days in a state of excessive *Dosha* aggravation, with the aim of preventing further *Dosha* accumulation and arresting progression.

This concept is highly relevant to chronic or recurrent *Vicharchika*.

Proposed therapeutic rationale

***Nitya Virechana* → repeated small-volume *Dosha* elimination → reduction of *Dosha* load → *Koshtha Shuddhi* → *Vatanulomana* → reduction of *Srotorodha* → improved *Agni* → reduced tendency toward recurrent *Dosha* accumulation**

However, this should be regarded as an **Ayurvedic therapeutic hypothesis requiring clinical validation**, rather than an established biomedical mechanism.

Nitya Virechana* versus Classical *Virechana

Parameter	Classical *Virechana*	*Nitya Virechana*
Basic concept	Planned *Shodhana* episode	Repeated low-intensity *Dosha* elimination
Frequency	Usually episodic	Repeated/daily for selected duration
Dose	Therapeutic *Shodhana* dose	*Hriswa/Madhyama Matra*
Patient strength	Relatively adequate *Bala* required	Can be considered in selected *Alpa-Bala* patients
Dosha state	*Utklista/Bahudosha* suitable for planned *Shodhana*	*Bahudoshavastha* with need for gradual elimination
Purvakarma	Structured *Purvakarma* generally required	*Snehana/Swedana* are not routinely necessary
Deepana-Pachana	Often incorporated	May be used according to *Agni/Ama* status
Intensity	Greater	Mild-to-moderate
Dosha elimination	According to classics	*Stoka-stoka Dosha Nirharana*
Risk of Bala Kshaya	Greater if improperly performed	Potentially lower, but not absent
Post-procedure diet	*Samsarjana Krama* and *pathya* according to *Shuddhi*	*Pathya* is essential
Best conceptual application in	*Pravar bala,bahudosha* leading patient with suitable *Dosha Utklesha*	Gradual elimination of *doshas* in selected patients

Parameter	Classical *Virechana*	*Nitya Virechana*
Vicharchika		
Major limitation	Requires preparation, strength and procedural resources	Evidence regarding optimal duration, dose and comparative efficacy is limited

The *Nitya Virechana* literature specifically states that *Snehana, Swedana* and *Vishrama Kala* are not necessary as routine *Purvakarma* for *Nitya Virechana*, while emphasizing assessment of *Bala, Dosha Avastha and Koshtha*.

Selection of *Virechana* Drug in *Vicharchika*

Drug selection should be based on the patient's *Dosha* phenotype rather than using a single formulation for all *Vicharchika* cases.

Dravya: *Draksha, Ksheera, Eranda taila, Trivrit, Katuki, Aragvadha, Haritaki*.

Yoga: *Triphala kashaya, Eranda taila, Gandharvahastadi eranda taila, Nimbamritadi erandataila, Manibadra guda, Avipattikara churna, Trivrit lehya, Icchabhedi rasa.*

The above mentioned *dravyas* and *yogas* are selected based on *dosha, dushya, prakruti, kala, bala* and *koshta.*

For a *Pitta*-dominant *Vicharchika* phenotype, relatively appropriate *Pitta*-oriented *Virechana* choices may be considered, whereas *Kapha*-dominant, *Kleda*-rich presentations may require a different therapeutic profile.

The important principle is therefore:

"Drug selection should follow *Dosha-Dushya-Srotas* assessment, not merely the diagnosis of *Vicharchika*."

Clinical Phenotyping of *Vicharchika* for *Virechana* Selection

A useful research-oriented approach is to divide *Vicharchika* into therapeutic phenotypes.

Sr.	Phenotype I – *Kapha/Kleda* dominant	Phenotype II – *Pitta-Rakta* dominant	Phenotype III – *Vata-dominant* chronic *Vicharchika*
1.Features	• *Bahusrava* • *Praklinna* lesions • *Kandu*	• *Daha* • *Raga* • inflammatory erythema	• *Rukshata* • severe pain • lichenification • chronicity

	• Heaviness • *Kleda* predominance • Thickened lesions	• marked irritation • *Rakta/Pitta* features	
2.Potential strategy	Classical *Virechana* or appropriately selected repeated mild *Virechana* depending on *Bala* and *Dosha* load.	*Pitta*-oriented *Virechana* after appropriate preparation.	Aggressive *Virechana* may aggravate *Vata*.

In such patients, if *Virechana* is indicated, the procedure should be appropriately modified and the possibility of a *Snigdha* approach considered rather than blindly applying a *Ruksha Shodhana* strategy. This is especially important because the *Nitya Virechana* literature warns that excessive elimination may aggravate *Vata* and weaken the patient.

Discussion

The present review highlights that Classical *Virechana* and *Nitya Virechana* represent two distinct therapeutic approaches rather than merely different frequencies of purgation. In *Vicharchika*, the complex involvement of *Tridosha* along with *Twak*, *Rakta*, *Mamsa* and *Lasika* provides a classical rationale for individualized *Shodhana*. The therapeutic approach should therefore be guided not only by the diagnosis but also by the stage of disease, *Dosha-Dushya* involvement and the functional status of the patient.

Classical *Virechana* appears particularly relevant in patients with adequate *Rogibala*, appropriate *Agni* and clear *Dosha Utklesha*, where a structured preparatory regimen and planned intensive elimination can be safely undertaken. The role of *Purvakarma*, especially *Snehana* and *Swedana*, is important in this context. *Snehana* facilitates the mobilization and liquefaction of *Doshas* from peripheral tissues towards the *Koshtha*, while *Swedana* promotes *Dosha Vilayana* and enhances their movement towards the gastrointestinal tract. Together, these procedures support appropriate *Dosha Utklesha* and facilitate effective elimination during *Virechana* Karma. Thus, Classical *Virechana* should be understood as a comprehensive therapeutic sequence involving *Purvakarma*, *Pradhana Karma* and appropriate *Paschat Karma* rather than an isolated purgative intervention.

Similarly, *Samsarjana Krama* holds an important place following Classical *Virechana*. Gradual dietary restoration helps support *Agni* after *Shodhana* and facilitates the transition from the post-procedural

state towards normal digestion and metabolism. Appropriate implementation of *Samsarjana Krama* may therefore contribute to recovery, maintenance of digestive capacity and reduction of complications associated with improper dietary intake after intensive *Shodhana*.

In contrast, *Nitya Virechana* emphasizes *Stoka-Stoka Dosha Nirharana* through repeated administration of *Hriswa or Madhyama Matra* and may offer a theoretically suitable alternative in selected patients requiring gradual *Dosha* reduction. Since *Nitya Virechana* involves repeated therapeutic intervention over a prolonged period, the role of *Pathya* and *Apathya* becomes particularly important. Proper dietary regulation and avoidance of incompatible, excessively *Guru, Snigdha, Vidahi or Dosha-provoking Ahara-Vihara* may help prevent repeated *Dosha* accumulation and support the therapeutic objective of gradual elimination. *Pathya Ahara* should be selected according to *Agni, Koshtha, Dosha* predominance and individual tolerance, thereby supporting maintenance of digestive and metabolic equilibrium during the therapeutic period. Thus, in *Nitya Virechana, Pathya-Apathya* may be considered an important supportive component influencing therapeutic response and long-term disease management.

However, the choice between these approaches should not be based solely on the diagnosis of *Vicharchika*. Assessment of *Dosha-Dushya* predominance, *Bahudoshavastha, Bala, Koshtha, Agni*, chronicity and clinical phenotype is essential. The requirement for intensive preparatory procedures and *Samsarjana Krama* in Classical *Virechana*, as well as sustained adherence to *Pathya-Apathya* during *Nitya Virechana*, further emphasizes the importance of procedural and dietary individualization.

An important finding of this review is the limited direct comparative clinical evidence between *Nitya Virechana* and Classical *Virechana* in *Vicharchika*. Therefore, the proposed advantages of gradual elimination remain primarily conceptual and require scientific validation. Future well-designed comparative trials should employ standardized protocols and include detailed assessment of *Purvakarma*, *Virechana* parameters, *Samsarjana Krama*, *Pathya* adherence, validated dermatological severity scores, recurrence rates, quality-of-life measures and safety outcomes. Such evidence may help establish a more precise, evidence-informed and individualized role for both therapeutic strategies in the management of chronic and recurrent *Vicharchika*.

Conclusion

This literature review highlights that Classical *Virechana* and *Nitya Virechana* are distinct approaches to individualized *Shodhana* in *Vicharchika*. Classical *Virechana* involves structured intensive Dosha elimination with appropriate *Snehana, Swedana* in *Purvakarma* and *Samsarjana Krama* in *Paschat karma*, whereas *Nitya Virechana* emphasizes gradual *Stoka-Stoka Dosha Nirharana* supported by careful dose selection, monitoring and *Pathya-Apathya* with daily routine and cost effective.

Therapeutic choice should be based on *Dosha-Dushya* involvement, *Bahudoshavastha, Samata*

Bala, Agni, Koshtha, chronicity and clinical phenotype rather than diagnosis alone. However, direct comparative evidence remains limited. Well-designed studies using standardized protocols and validated clinical outcomes are needed to establish the comparative effectiveness and safety of both approaches in chronic and recurrent *Vicharchika*. Clinical Trials will be most competent by this comparision.

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