

Dushi Visha Manifesting as a Chronic Dermatological Disorder: An Ayurvedic Case Report

Dr. Pankaj B. Sharnangat¹, Dr. Rajendra Urade², Dr. Saurabh R. Dhole³, Dr. Lakshmi S. Burange⁴

¹Final year MD student, Department of Agadtantra evum Vidhivaidyak, Bhausaheb Mulak Ayurved Mahavidyalay Nandanwan Nagpur. 440024. Maharashtra

²Guide And Professor, Department of Agadtantra evum Vidhivaidyak, Bhausaheb Mulak Ayurved Mahavidyalay Nandanwan, Nagpur

^{3,4}Final year MD student, Department of Agadtantra evum Vidhivaidyak, Bhausaheb Mulak Ayurved Mahavidyalay Nandanwan Nagpur. 440024. Maharashtra

Abstract—Background: Dushi Visha is an Ayurvedic concept describing a low-potency or partially neutralized toxic influence that may persist within the body for a prolonged period and produce disease when aggravated by favorable etiological factors. Classical descriptions associate Dushi Visha with recurrent and chronic manifestations involving the skin and systemic functions. Chronic dermatological disorders characterized by itching, discoloration, dryness, oozing, thickening, and repeated exacerbations may therefore be interpreted through the principles of Dushi Visha, particularly when there is a history of prolonged exposure to incompatible diet, processed foods, environmental irritants, or inappropriate lifestyle.

Case presentation: A 34-year-old male presented with recurrent itching, erythematous-to-hyperpigmented lesions, dryness, scaling, occasional oozing, and thickening of the skin over the bilateral upper and lower extremities for approximately three years. Symptoms showed repeated exacerbations despite previous symptomatic treatment. Ayurvedic assessment revealed Kapha-Pitta predominance with involvement of Rakta and Twak, impaired Agni, Ama formation, and features compatible with Dushi Visha-associated Vicharchika. Management was planned according to Dushi Visha and Kushtha Chikitsa principles using Deepana-Pachana, mild Shodhana, Raktaprasadana, Kushthaghna and Vishaghna measures, together with dietary and lifestyle modification.

Outcome: Progressive reduction in itching, erythema, scaling, oozing, lesion extent, and sleep disturbance was observed during an eight-week treatment period. No clinically significant adverse effects were reported.

Conclusion: The present case illustrates the potential utility of the Dushi Visha framework for Ayurvedic assessment and individualized management of selected chronic recurrent dermatological presentations.

Controlled clinical studies are required before therapeutic efficacy can be established.

Index Terms—Dushi Visha; Vicharchika; Kushtha; chronic eczema; Ayurveda; dermatological disorder; Agada Tantra; skin disease.

I. INTRODUCTION

Skin diseases constitute an important group of chronic disorders because of their recurrent nature, visible manifestations, itching, sleep disturbance, psychosocial effects, and impact on quality of life. Chronic eczematous dermatitis is characterized by pruritus, xerosis, erythema, scaling, excoriation, and, in longstanding cases, lichenification and pigmentary alterations. Environmental factors, allergens, irritants, immune dysregulation, epidermal barrier dysfunction, and individual susceptibility contribute to disease expression.¹

Ayurveda describes dermatological diseases predominantly under Kushtha, with involvement of Tridosha and Dushyas such as Twak, Rakta, Mamsa, and Lasika. Vicharchika is one of the commonly discussed conditions characterized by manifestations such as Kandu, Pidaka, Shyavata and Bahusrava. Although direct equivalence between Vicharchika and eczema should be avoided, the clinical features can overlap considerably.²

Another important concept relevant to chronic recurrent disease is Dushi Visha. Ayurvedic toxicology (Agada Tantra) describes Dushi Visha as a form of toxic influence that has lost its acute potency

because of factors such as partial elimination, antidotal measures, natural attenuation, or interaction with bodily factors, yet remains within the system and produces manifestations over a prolonged period.³

The expression of Dushi Visha may remain subtle until aggravated by Desha, Kala, Ahara and other precipitating factors. Its chronicity, variable symptomatology and association with skin manifestations make it an important Ayurvedic framework for examining recurrent dermatological disorders, especially in individuals with persistent dietary, occupational, environmental, or lifestyle exposures.⁴

The present case describes the Ayurvedic assessment and management of a chronic eczematous dermatological presentation interpreted as Vicharchika with an underlying Dushi Visha component.

II. AIM AND OBJECTIVE

The primary objective was to document the clinical presentation, Ayurvedic assessment, therapeutic approach, and short-term outcome of a patient with a chronic recurrent dermatological disorder interpreted through the concept of Dushi Visha.

A secondary objective was to explore the possible clinical applicability of Dushi Visha Chikitsa principles in conjunction with conventional Ayurvedic management of Vicharchika.

III. CASE INFORMATION

A 34-year-old male attended the outpatient department with complaints of recurrent skin lesions associated with severe itching for approximately three years.

Chief Complaints

Complaint	Duration
Recurrent itching	3 years
Dry, scaly skin lesions	3 years
Hyperpigmentation	2.5 years
Intermittent erythema	2 years
Occasional oozing after scratching	1.5 years
Thickening of affected skin	1 year
Disturbed sleep due to itching	8 months

The lesions predominantly involved the flexural aspects of the upper limbs, forearms, popliteal region, and lower legs.

IV. HISTORY OF PRESENT ILLNESS

The patient was apparently healthy approximately three years before presentation, when he gradually developed itching and small erythematous patches over both forearms. The lesions subsequently became dry and scaly and gradually spread to the flexural surfaces and lower extremities.

Itching was more severe during the evening and night. Repeated scratching resulted in excoriations and occasional serous discharge. Over time, some lesions became thickened and hyperpigmented.

The patient reported periods of partial improvement followed by recurrence. Exacerbations were commonly noticed after excessive intake of spicy and fried foods, fermented preparations, packaged foods, irregular meals, sleep deprivation, excessive sweating, and exposure to detergents.

He had previously used antihistamines and topical preparations intermittently, with temporary symptomatic relief followed by recurrence.

There was no history suggestive of acute systemic toxicity.

V. RELEVANT EXPOSURE AND DIETARY HISTORY

Detailed history revealed frequent consumption of:

- Packaged and highly processed foods
- Fried and spicy preparations
- Fermented food
- Reheated food
- Excessive tea
- Irregular meals
- Occasional simultaneous intake of combinations considered incompatible in Ayurvedic dietetics
- Frequent restaurant food

The patient also reported regular occupational exposure to detergents and cleaning chemicals without consistent use of protective gloves.

From an Ayurvedic perspective, repeated exposure to such Ahara-Vihara and environmental factors was considered relevant to chronic Dosha-Dushya disturbance and the proposed Dushi Visha component.

VI. PERSONAL HISTORY

Appetite: Irregular

Digestion: Occasionally associated with heaviness and abdominal bloating

Bowel: Once daily, occasionally constipated

Micturition: Normal

Sleep: Disturbed during exacerbations

Addiction: Occasional tobacco chewing

Diet: Mixed

Occupation: Private-sector worker with intermittent chemical/detergent exposure

VII. GENERAL EXAMINATION

The patient was conscious, cooperative, and oriented.

Pulse: 78/min

Blood pressure: 122/78 mmHg

Respiratory rate: 16/min

Temperature: Afebrile

Pallor: Absent

Icterus: Absent

Cyanosis: Absent

Clubbing: Absent

Lymphadenopathy: Absent

Pedal edema: Absent

Systemic examination did not reveal clinically significant abnormalities.

VIII. DERMATOLOGICAL EXAMINATION

Multiple ill-defined erythematous and hyperpigmented plaques with dryness, scaling, excoriation, and variable lichenification were observed over the bilateral extremities.

A few excoriated lesions showed minimal serous oozing. There was no frank purulent discharge or clinical evidence of severe secondary infection.

Ayurvedic Characterization

The prominent manifestations included:

- Kandu — marked itching
- Rukshata — dryness
- Shyavata/Vaivarnya — discoloration
- Pidaka — recurrent lesions
- Srava — occasional discharge
- Twak Parushya — roughness
- Chronic recurrence

The clinical presentation was therefore interpreted as Vicharchika, predominantly involving Kapha and Pitta with associated Vata manifestations.

IX. ASHTAVIDHA PARIKSHA

Parameter	Observation
Nadi	Kapha-Pittaja
Mutra	Samyaka
Mala	Occasionally Vibandha
Jihva	Sama, mildly coated
Shabda	Prakrita
Sparsha	Ruksha over lesions
Drik	Prakrita
Akruti	Madhyama

X. DASHAVIDHA PARIKSHA

Prakriti: Kapha-Pitta

Vikriti: Kapha-Pitta dominant with Vata association

Sara: Madhyama

Samhanana: Madhyama

Pramana: Madhyama

Satmya: Madhyama

Satva: Madhyama

Ahara Shakti: Madhyama

Vyayama Shakti: Madhyama

Vaya: Madhyama

XI. INVESTIGATIONS

Baseline investigations were performed primarily to assess general health and exclude major systemic abnormalities.

Investigation	Finding
Hemoglobin	13.6 g/dL
Total leukocyte count	7,800/mm ³
ESR	24 mm/hour
Fasting blood glucose	92 mg/dL
Serum creatinine	0.9 mg/dL
Total bilirubin	0.7 mg/dL
AST	28 U/L
ALT	31 U/L
Absolute eosinophil count	510 cells/mm ³

The laboratory findings did not indicate significant hepatic, renal, or metabolic dysfunction.

XII. DIAGNOSTIC ASSESSMENT

Modern Clinical Impression

Chronic eczematous dermatitis.

Ayurvedic Diagnosis

Vicharchika associated with Dushi Visha

Dosha
Kapha-Pitta Pradhana Tridoshaja involvement.
Dushya
Twak, Rakta, Mamsa and Lasika.
Agni
Manda/Vishama Agni.
Ama
Present clinically based on Ayurvedic assessment.
Srotas
Rasavaha and Raktavaha Srotas predominantly involved.
Srotodushti
Sanga and Vimargagamana were considered relevant.
Rogamarga
Bahya Rogamarga.

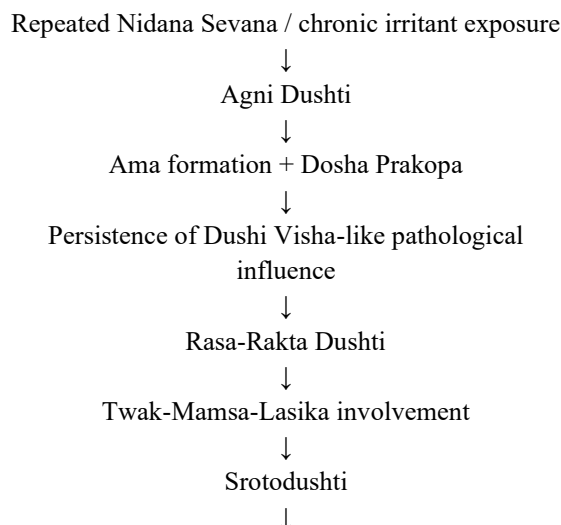
XIII. AYURVEDIC PATHOGENESIS 5,6,7

The patient had prolonged exposure to dietary and lifestyle factors capable of disturbing Agni and repeatedly aggravating Kapha and Pitta. Occupational exposure to chemical irritants was considered an additional external aggravating factor.

Impaired Agni promotes improperly processed metabolic products conceptualized as Ama. In the proposed interpretation, chronic exposure together with an underlying Dushi Visha-like state contributed to persistent Dosha-Dushya Sammurchhana.

The vitiated Doshas, particularly Pitta and Kapha, affected Rasa and Rakta and subsequently localized in Twak, producing Kandu, Vaivarnya, Rukshata, Srava, and recurrent lesions.

Proposed Samprapti



Dosha-Dushya Sammurchhana in Twak

↓
Vicharchika / chronic recurrent dermatological manifestations

XIV. DIFFERENTIAL DIAGNOSIS

From an Ayurvedic perspective, conditions under Kushtha, particularly Vicharchika, were considered. Other possibilities included Kitibha and related chronic Kushtha presentations.

From the contemporary dermatological perspective, chronic eczematous dermatitis, allergic/contact dermatitis, atopic dermatitis, psoriasis, and superficial fungal infection should be considered according to lesion morphology and appropriate diagnostic evaluation.

XV. TREATMENT PRINCIPLE

Treatment was planned with the objectives of:

1. Nidana Parivarjana
2. Deepana-Pachana
3. Reduction of Ama
4. Appropriate Shodhana according to patient strength
5. Rakta Prasadana
6. Kushthaghna therapy
7. Kandughna therapy
8. Vishaghna measures
9. Restoration of Agni
10. Prevention of recurrence

XVI. THERAPEUTIC INTERVENTION

The following represents the case protocol and should not be interpreted as a general prescription for self-treatment.

Phase I: Deepana-Pachana and Preparation

Duration: Days 1–7

Deepana-Pachana measures were administered according to Agni, Bala, and Koshta. A light, digestible diet was advised and suspected aggravating foods were withdrawn.

The objective was to improve digestive-metabolic function and prepare the patient for subsequent therapy.

Phase II: Shodhana

After assessment of Bala, Agni, Koshtha, and clinical suitability, mild Virechana was performed under supervision.

The rationale for Virechana was the predominance of Pitta-Rakta involvement and chronic dermatological manifestations.

Phase III: Shamana Therapy

After Samsarjana Krama, individualized Shamana management was initiated.

The therapeutic plan included formulations selected from the following categories:

- Guduchi-based preparations — Rasayana, Deepana and supportive Raktaprasadana
- Nimba-based preparations — Kushthaghna, Kandughna and traditionally described Krimighna actions
- Manjistha-containing formulations — Raktaprasadana and Varnya actions
- Haridra — traditionally used in Kushtha, Kandu and allergic-type presentations
- Gandhaka Rasayana — considered where clinically appropriate for chronic Kushtha manifestations
- Dushivishari Agada — considered specifically on the basis of the Dushi Visha interpretation

All medicines were administered in individualized doses under Ayurvedic medical supervision.

External Management

A suitable non-irritating Ayurvedic topical preparation was applied over affected areas after clinical assessment. The patient was advised to avoid vigorous rubbing, scratching, hot-water bathing, harsh soaps, fragrances, and direct exposure to occupational irritants.

XVII. PATHYA-APATHYA**Pathya**

The patient was advised freshly prepared, light and digestible meals; adequate hydration; green vegetables; selected bitter vegetables; Mudga preparations; regular meal timings; appropriate sleep; loose cotton clothing; and protection from occupational chemicals.

Apathya

The patient was instructed to restrict excessive sour, salty, spicy, fried, fermented and processed foods; stale or repeatedly reheated meals; excessive curd; incompatible dietary combinations; alcohol; unnecessary food additives; and known individual dietary triggers.

Scratching, excessive heat exposure, sleep deprivation, and direct detergent/chemical contact were also discouraged.

XVIII. ASSESSMENT CRITERIA

Symptoms were graded using an ordinal clinical scale:

Parameter	0	1	2	3
Itching	Absent	Mild	Moderate	Severe
Erythema	Absent	Mild	Moderate	Severe
Scaling	Absent	Mild	Moderate	Severe
Oozing	Absent	Occasional	Moderate	Marked
Dryness	Absent	Mild	Moderate	Severe
Lichenification	Absent	Mild	Moderate	Severe
Sleep disturbance	Absent	Occasional	Frequent	Severe

XIX. CLINICAL OUTCOME

Parameter	Baseline	Week 2	Week 4	Week 8
Itching	3	2	1	0
Erythema	3	2	1	1
Scaling	3	2	1	0
Oozing	2	1	0	0
Dryness	3	2	1	1
Lichenification	2	2	1	1
Sleep disturbance	3	1	1	0
Total score	19	12	6	3

The total clinical symptom score decreased from 19 at baseline to 3 at eight weeks.

The patient reported substantial reduction in itching during the first few weeks. Oozing disappeared, scaling progressively decreased, and sleep improved.

Residual post-inflammatory pigmentation and mild lichenification persisted at the end of the observation period.

No significant adverse event was reported during the documented treatment period.

XX. TIMELINE

Period	Clinical event
3 years before presentation	Initial itching and erythematous lesions
Following months	Recurrent scaling, dryness and spreading lesions
1–2 years	Repeated exacerbations and intermittent conventional symptomatic therapy
Baseline	Ayurvedic evaluation and diagnosis
Days 1–7	Deepana-Pachana and Nidana Parivarjana
Subsequently	Supervised mild Shodhana
Weeks 2–8	Shamana, Vishaghna/Kushthaghna measures and dietary regulation
Week 8	Marked clinical improvement

XXI. DISCUSSION

The present case was interpreted as Vicharchika associated with a Dushi Visha component based on chronicity, recurrence, dietary and environmental exposure history, and the Ayurvedic pattern of Dosha-Dushya involvement.⁸

Dushi Visha occupies an important position in Ayurvedic toxicology because it differs conceptually from acute poisoning. Rather than producing immediate severe toxicity, a weakened or residual toxic influence is described as persisting in the body and manifesting when appropriate aggravating circumstances occur.⁹

This framework may be particularly useful for Ayurvedic clinical reasoning in disorders characterized by repeated exacerbation and remission. However, Dushi Visha should not automatically be equated with modern concepts such as “toxins,” xenobiotic accumulation, allergy, autoimmunity, or environmental toxicant exposure. These are distinct

biomedical constructs and require their own objective diagnostic methods.¹⁰

In the present case, chronic intake of processed, fried, fermented, stale or incompatible foods and repeated exposure to detergents were interpreted as Nidana contributing to recurrent Dosha aggravation. These factors could also have straightforward contemporary explanations; for example, detergent exposure may exacerbate irritant contact dermatitis and barrier dysfunction. Thus, the Ayurvedic interpretation should complement rather than replace appropriate dermatological differential diagnosis.¹¹

Role of Agni and Ama

Disturbed Agni was considered an important component of the pathogenesis. Irregular eating habits and unsuitable foods were considered capable of promoting Agnimandya and Ama. Deepana-Pachana was therefore used initially to optimize the digestive-metabolic state before further intervention.¹²

Role of Shodhana

Classical Ayurvedic management of chronic Kushtha emphasizes appropriate Shodhana in selected patients. Because the clinical picture showed significant Pitta-Rakta involvement, supervised Virechana was selected in this case.¹³

The procedure should be individualized according to Rogi Bala, Roga Bala, Agni, Koshta, Kala, and comorbidities and should not be generalized to every patient with eczema.

Role of Dushivishari Agada¹⁴

Dushivishari Agada has particular conceptual relevance because it is classically associated with Dushi Visha. Its inclusion in this therapeutic framework was intended to address the proposed underlying toxicological component according to Agada Tantra principles.

Nevertheless, clinical claims regarding its effectiveness in eczema or other dermatological disorders require appropriately designed trials.

Role of Rakta-Prasadana and Kushthaghna Therapy^{15,16}

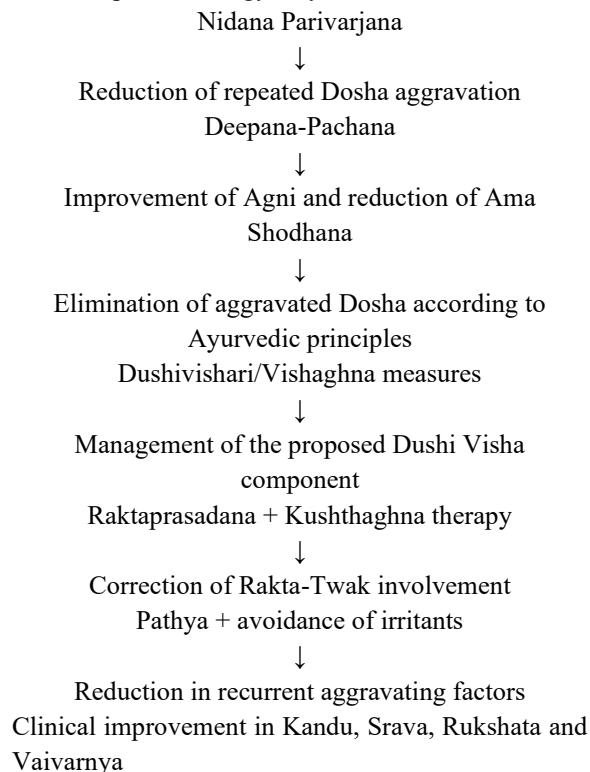
The prominent involvement of Rakta and Twak justified selection of drugs traditionally described as Raktaprasadana, Kushthaghna, and Kandughna. Herbs such as Nimba, Guduchi, Manjistha, and Haridra have

long-standing Ayurvedic use in dermatological conditions.

The improvement observed in this case may have resulted from the combined effects of therapeutic intervention, withdrawal of aggravating exposures, dietary modification, improved skin care, natural disease fluctuation, or other unmeasured factors. Because this is a single case without a control group, causality cannot be established.

XXII. PROBABLE MODE OF ACTION ACCORDING TO AYURVEDIC PRINCIPLES

The therapeutic strategy may be summarized as:



XXIII. STRENGTHS AND LIMITATIONS

A strength of this report is the integration of Agada Tantra concepts with systematic Ayurvedic dermatological assessment and longitudinal symptom documentation.

Important limitations include the single-patient design, short follow-up period, use of a nonvalidated simplified symptom score, simultaneous administration of multiple interventions, and absence of a comparator. Spontaneous fluctuation of chronic eczema cannot be excluded.

Therefore, this report should be considered hypothesis-generating rather than evidence of efficacy.

XXIV. CONCLUSION

This case demonstrates an Ayurvedic approach to a chronic recurrent eczematous dermatological presentation interpreted as Vicharchika with an associated Dushi Visha component. A therapeutic strategy incorporating Nidana Parivarjana, Deepana-Pachana, appropriate Shodhana, Vishaghna, Raktaprasadana, Kushthaghna, and lifestyle measures was associated with progressive improvement in itching, erythema, scaling, oozing, dryness, and sleep disturbance during eight weeks of observation. The case highlights the potential clinical relevance of the classical Dushi Visha concept in understanding selected chronic recurrent disorders within an Ayurvedic framework. However, no direct equivalence should be assumed between Dushi Visha and modern toxicological or immunological mechanisms. Larger observational studies and controlled clinical trials using validated dermatological outcome measures are necessary.

XXV. PATIENT PERSPECTIVE

The patient reported that recurrent itching and visible lesions had significantly affected sleep and daily activities. During treatment, he experienced progressive reduction in itching and scaling and reported improved sleep and comfort in routine activities. He expressed satisfaction with the overall improvement.

XXVI. INFORMED CONSENT

Written informed consent should be obtained from the patient for publication of anonymized clinical information and clinical photographs before submission of the manuscript.

XXVII. DECLARATION OF PATIENT CONSENT

The authors certify that appropriate patient consent has been obtained. The patient should be informed that identifying information will not be published and that anonymity cannot be absolutely guaranteed.

XXVIII. ETHICAL CONSIDERATIONS

The case should be reported in accordance with institutional requirements and applicable ethical principles. All identifying patient information must be removed from the manuscript.

XXIX. CONFLICT OF INTEREST

The authors declare no conflict of interest.

XXX. SOURCE OF FUNDING

Nil.

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