



Case Study

A CASE REPORT ON *CHARMADAL* THROUGH *PANCHAKARMA* W.S.R. TO ECZEMA

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ABSTRACT

Charmadal is a type of *Kshudrakushta* characterized with symptoms such as redness, itching, pustules, pain and cracks in the skin and tenderness. Most of the symptoms of Eczema can be correlated with *Charmadal* as mentioned in Ayurvedic classics. A diagnosed case of Eczema came with chief complaints of red patches on skin associated with severe itching, burning and dryness over different body parts (on face, neck, upper arm) since 4 years with complaint of oozing of blood from the patches after itching. No satisfactory treatment is present except topical steroids, but in Ayurveda text line of treatment for *Charmadal* is present i.e., *Virechana Karma*. Before giving *Virechana* treatment SCORAD (Scoring atopic dermatitis) was 26.55% and after follow up SCORAD 86.05%. Before *Virechana* treatment DLQI was 25% (extremely large effect on patient's life) and after follow up DLQI was 4% (small effect on patient life). The results of the study showed that when *Virechana Karma* was performed, it increased the efficacy of oral Ayurveda medicines in the patient of *Charmadal*. *Virechana* improved the condition of patient to very much extent.

KEYWORDS: *Charmadal*, Eczema, *Virechana Karma*, *Draksha Phant*, *Trivrit Avaleha*.

INTRODUCTION

The term Eczema refers to inflammation of the skin. More than 10 million cases in India are encountered every year. Eczema manifests as erythema, vesiculation and oozing in the acute stage, scaling and crusting in the subacute stage and lichenification (hyperpigmentation, accentuation of skin markings and thickening of the skin) in the chronic stage^[1]. The symptoms of eczema can be correlated with *Charmadal* due to similarities in the symptoms. In *Charaka Samhita*, *Charmadal* is a type of *Kushta* (skin disease). *Charmadal* has been characterised by redness, itching, pustules, pain and cracks in the skin and tenderness^[2]. *Charmadal* *Pitta-Kapha* predominant disease^[3]. Hence in *Charaka Samhita*, *Virechana* has been considered as an important treatment for *Charmadal* (a type of *Ksudra kusta*)^[4]. *Virechana* is a specific treatment for *Pitta dosa*, *Pitta Samsarga Dosas* and *Kapha* in *Pitta Sthaana* and *Amashaya*.

Case Report

A 37 year old male patient came to *Panchakarma* OPD of All India Institute of Ayurveda, Sarita vihar, New Delhi, with the complaint of red patches on skin associated with severe itching, burning and dryness over different body parts (on face, neck, upper arm) since 4 years and oozing of

blood from the patches after itching. This condition had developed suddenly before 10 days on exposure of hot condition on summer. First patient felt severe dryness on his face which developed with itching followed by oozing of blood. He had taken medicine from different skin specialist along with some Ayurveda medicines. He had exposed with one oral steroid named methyl prednisolone about 1tab OD.

Family history of such condition was absent.

Examination

Vital of the patient	Stable
Blood pressure	120/80
Pulse Rate	80/min.
Temperature	Afebrile
Others (oedema, pallor, icterus, lymphadenopathy)	Not present

Clinical findings

General Examinations: The general conditions of the patient were good without any physical asymmetry seen. He had normal bowel habits with regular normal micturition and good sleep pattern. He has *Vata pitta* predominant *Prakriti* with overload psychological stress.

Local examinations

- Vitals signs are usually within normal limits.
- Severe pruritus –present.
- Atopic xerosis– dry skin, especially during winters.
- Constant scratching may lead to lichenification was present.

- Erythematous papules appear after patients scratch their skin.
- Present atopic dirty neck- a brown macular ring around the neck.

H/O Past Illness

K/C/O HTN - 6years Taking amlodipine – 5 mg

Treatment ModuleFollowing *Panchakarma* treatment was given to the patient for a period of 10 days.**Table 1: Panchakarma Treatment**

S no	Panchakarma Treatment	Duration
1	<i>Snehapana</i> with <i>Tiktak Ghrita</i> ^[5]	15 may-19 may
2	<i>Sarvanga Abhyanga</i> with <i>Eladi keram</i> ^[6]	20 may- 23 may
3	<i>Sarvanga Bashpa Swedana</i> with <i>Dashmool kwath</i>	20 may- 23 may
4	<i>Virechana</i> with <i>Draksha Phant</i> and <i>Trivrit Avaleha</i> ^[7]	23 may

Snehapana was done till *Samyak Snigdha Lakshana* observed as *Vatanulomana*, *Diptagni*, *Snigdha*, *Varchata* and *Mardavam angam*. After *Samyak Snigdha Lakshana* were found *Sarvanga Abhyanga* with *Eladi keram* and *Sarvanga Bashpa Swedana* with *Dashmool Kwath* given for 4 days. On 4th day *Virechana* was given with *Draksha Phant* 100ml and *Trivrit Avaleha* 30gm. Total 25 *Virechana Vegas* were noted. After that *Virechana*, *Sansarjan Karma* and after 15 days follow up significant change in skin were observed.

RESULT

Following are the BT, AT recordings of the patient.

Table 2: BT, AT recording in SCORAD (Scoring atopic dermatitis)^[8]

S no	Symptoms	Score BT	Score AT	Follow up
1	Head and neck	75	50	25
2	Lower limb (right)	50	25	0
3	Lower limb (left)	50	25	0
4	Redness	3	2	1
5	Swelling	2	1	0
6	Oozing/crusting	2	1	0
7	Scratch mark	3	1	0
8	Dryness	3	3	1
9	Skin thick (lichenification)	3	2	1
10	Itch	9	4	2
11	sleeplessness	7	3	1
	Total	73.45	44.7	13.95

Table 1

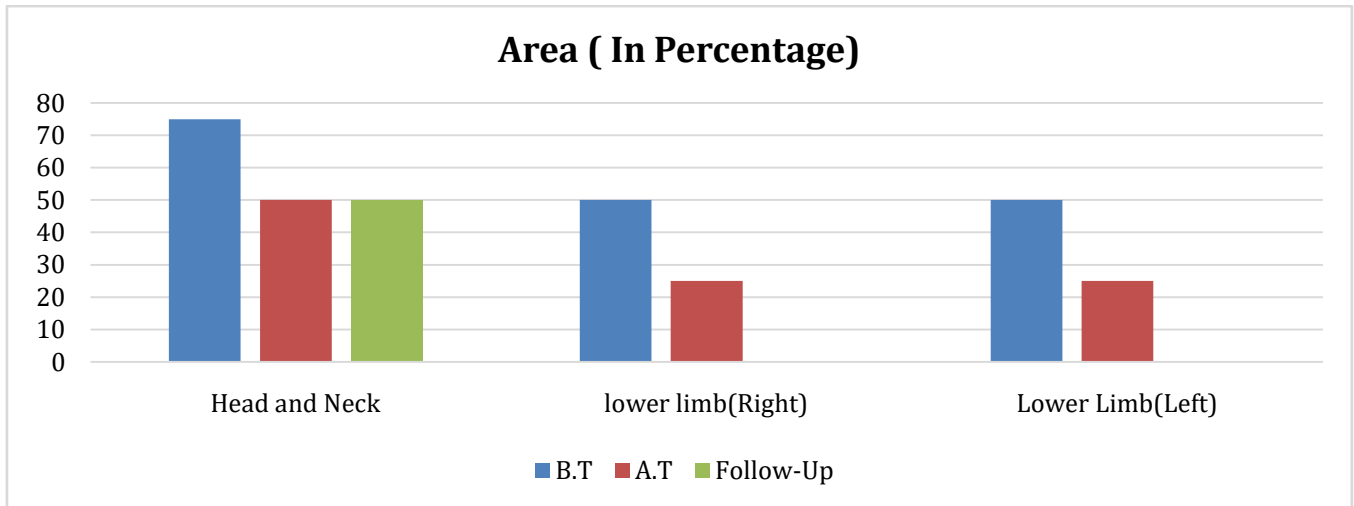


Table 2

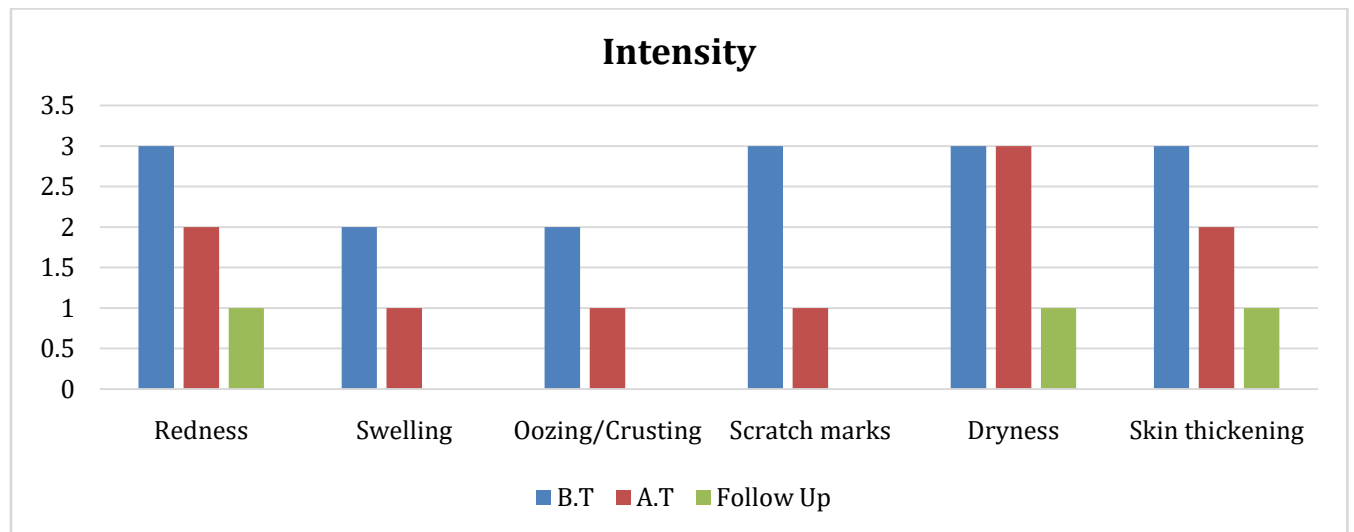
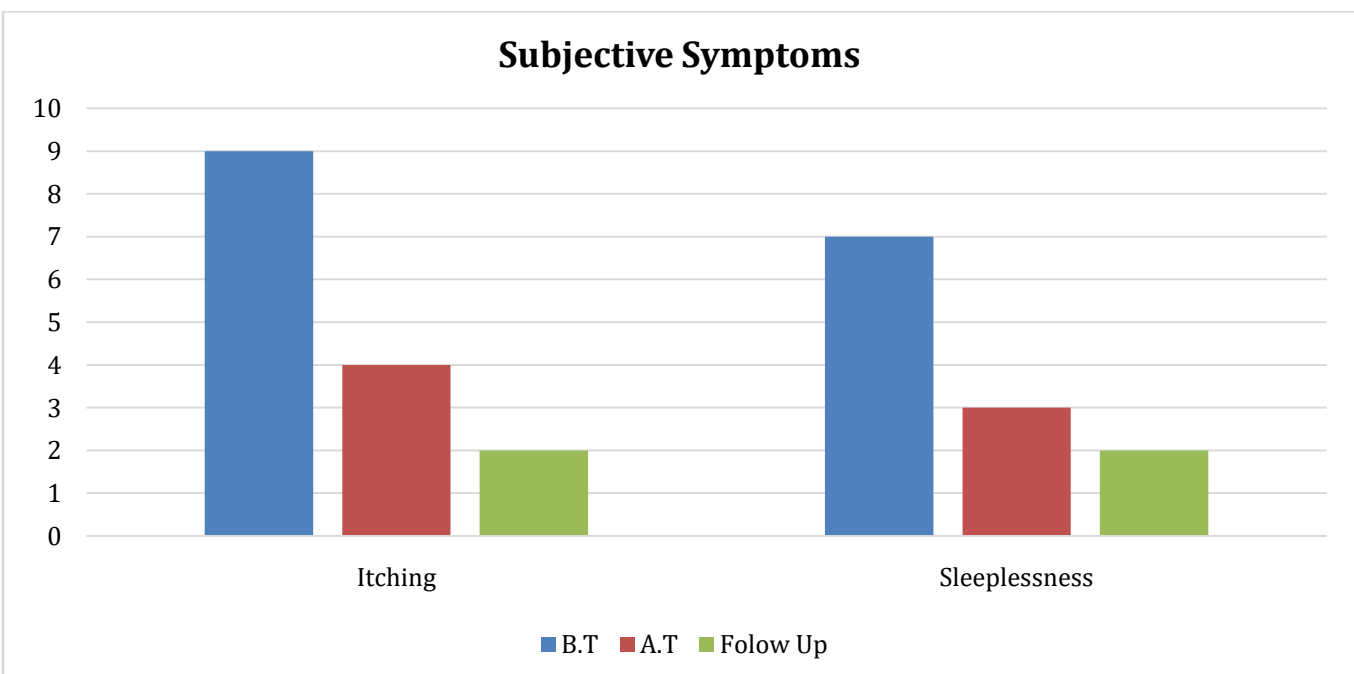


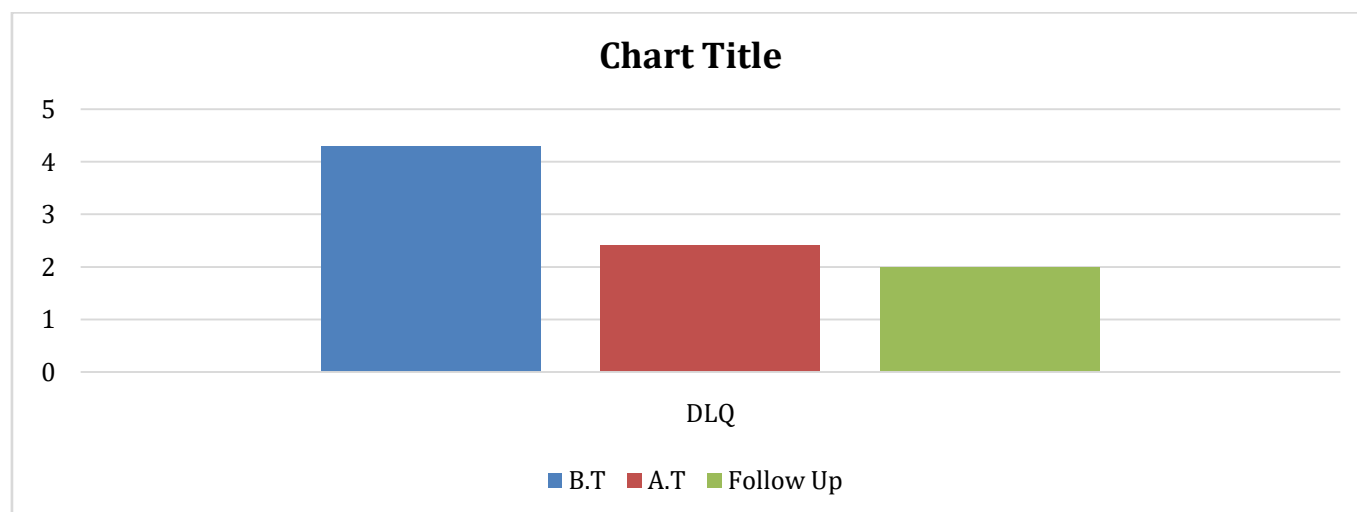
Table 3



DLQI (Dermatology Life Quality Index)^[9,10,11]

BT	AT	FOLLOW UP
25	15	4

Table 4

**DISCUSSION**

Eczema is a chronic, relapsing, pruritic, inflammatory eczematous eruption and cause of atopic eczema remain unclear but multifactorial in nature, involving genetic, socioeconomic, dietary lifestyle and environmental factors are responsible. Symptoms of eczema were resemblance with *Charmadal*.

Aim of the treatment in this case was to improve quality of life improved (DLQI).

It was clear that there is severe aggravation of *Pitta* and *Kapha*, hence *Pitta Kapha*. *Snehapana* was done as *Purva Karma* of *Virechana* with *Tiktak Ghrita*. *Tiktak ghrita* is used in *Pitta Pradhana Kushta*, *Visarp*, *Pitika*, *Daha*, *Switra pittaja roga* etc. In *Tiktak Ghrita* all ingredients like *Patol*, *Nimba*, *Katuka* etc., are the *Tiktak Rasa Pradhana* drugs. *Tiktak Rasa* mainly used for treating *Pitta Dosha*. *Sarvanga Abhyanga* with *Eladi Karam* used in *Vata*, *Kapha*, *Kandu*, *Pitika*, *Kotha Rogas*. *Sarvanga Bashpa Swedana* with *Dashmool Kwatha* is used. *Dashmool* is *Tridosha Shamaka*. *Snehpana* was done with *Tiktak Ghrita* and *Sarvang Abhyanga* with *Eladi Keram*. After *Swedana Karma*, *Virechana* was given with *Draksha Phant* and *Trivrit Avaleha*. *Draksha* is *Madhura*, *Kasaya Rasa* and *Sita Virya* drug and act on *Pitta Dosha*^[12]. *Trivrit* cures of *Pitta* and *Kapha Dosa* and *Kaphapitta hara*, vast digestive action and *Trivrit* having *Madhura*, *Katu*, *Tikta*, *Kasaya Rasa*.^[13]

CONCLUSION

Total of 86.05% relief was found in patient with SCORAD (Scoring atopic dermatitis). *Charmadal* is a type of *Kshudrakushta*. In any type of *Kushta*, *Shodhana* is advised. In this case study, encouraging

result of *Panchakarma* particularly *Virechana karma* is used. Among all types of *Shodhana Karma*, *Virechana Karma* is *Agra*. *Virechana* as *Shodhana* has given relief from symptoms in patient of *Charmadal*. In the present case *Virechana Karma* is advised because patient was *Pravara Bala*. Suggestive of *Virechana* is a better management of eczema. Disease *Charmadal* can be managed successfully with Ayurveda.

REFERENCES

1. YP Munjal, API Textbook of Medicine, 10th Edition, volume 1, chapter 3 (Allergic and inflammatory disorders). The Association of Physicians of India. page no. 674.
2. Dr.R.K.Sharma and Bhagwan Dash. Caraka Samhita (Text with English translation and critical exposition based on Cakrapani Datta's Ayurveda Dipika) volume 3rd, Chaukhamba Sanskrit Series Office Varanasi, Chikitsa 7/24.
3. Sri Satya Narayana Sastri, Pt. Kasinath sastri, and Dr. Gorakha Natha Chaturvedi, Caraka Samhita of Agnivesa, (Revised by Caraka and Drdhabala with elaborated vidyotini hindi commentary), volume 2nd, Chaukhamba Bharati Academy Varanasi. Chikitsa 7/29.
4. Sri Satya Narayana Sastri, Pt. Kasinath sastri, and Dr. Gorakha Natha Chaturvedi, Caraka Samhita of Agnivesa, (Revised by Caraka and Drdhabala with elaborated vidyotini hindi commentary), volume 2nd, Chaukhamba Bharati Academy, Varanasi, Chikitsa 7/40,
5. Dr.K.Nishteswar and Dr.R.Vidyanath, Sahasrayogam (A popular book on keraliya tradition of Ayurvedic

- treatment), chapter 2nd Chawkhamba Sanskrit series office, Varanasi. page no. 58.
6. Dr.K.Nishteswar and Dr.R.Vidyanath, Sahasrayogam (A popular book on keraliya tradition of Ayurvedic treatment), chapter 3rd Chawkhamba Sanskrit series office, Varanasi, page no. 124.
 7. Sri Satya Narayana Sastri, Pt. Kasinath sastri, and Dr. Gorakha Natha Chaturvedi, Caraka Samhita of Agnivesa, (Revised by Caraka and Drdhabala with elaborated vidyotini hindi commentary), volume 2nd, Chaukhamba Bharati Academy Varanasi. Kalpa 7/5.
 8. Dr Amanda Oakley, Severity scoring of atopic dermatitis: the SCORAD index. Consensus Report of the European Task Force on Atopic Dermatitis. Dermatology. 1993; 186(1): 23-31.
 9. Finlay AY and Khan GK. Dermatology Life Quality Index (DLQI): a simple practical measure for routine clinical use. Clin Exp Dermatol 1994; 19:210-216.
 10. Basra MK, Fenech R, Gatt RM, Salek MS and Finlay AY. The Dermatology Life Quality Index 1994-2007: a comprehensive review of validation data and clinical results. Br J Dermatol 2008; 159:997-1035.
 11. Hongbo Y, Thomas CL, Harrison MA, Salek MS and Finlay AY. Translating the science of quality of life into practice: What do dermatology life quality index scores mean? J Invest Dermatol 2005:125:659-64.
 12. The Ayurvedic Pharmacopoeia of India, Part -1, Volume-3, First Edition, page no.45-46, Government of India Ministry of Health And Family Welfare Department of ISM & H.
 13. The Ayurvedic pharmacopoeia of India, part -1, Volume-3, First Edition, page no. 213-214, Government of India Ministry of Health And Family Welfare Department of ISM & H.

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