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Case report on Ayurvedic management of Eczema with special reference to *Charma Kushta*

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ABSTRACT

Skin inflammation is referred to as eczema, also referred to as dermatitis. Erythema, vesiculation, and oozing are the symptoms of acute eczema, followed by subacute scaling and crusting and chronic lichenification. According to Ayurveda, *Charmakushta* which is one among the 18 types of *Kushta* can be correlated to chronic stage of eczema. This condition can be managed with *Sodhana* and *Shamana* principles mentioned in *Kushta*. The subjective parameter like pruritus is assessed with NRS (numeric rating scale) and EASI score (eczema area and severity index) was taken for measuring area or extent along with severity. Sleep disturbance was measured using atopic dermatitis sleep score (ADSS) and DLQI (Dermatology Life Quality Index) was also assessed. All these parameters were assessed before and after treatment and also after follow up. DLQI of the patient was 66.6% before treatment which was reduced to 26.6% after treatment and 13.3% after follow up. NRS score has showed a 5 point decrease in the score and ADSS showed a marked decrease in mean score after follow up. EASI score also showed a marked reduction from 22 to 8.6 after follow up.

Key words: Eczema, Erythema, Charmakushta, lichenification, Dermatology life quality index, eczema area and severity index.

INTRODUCTION

The term eczema refers to inflammation of the skin and is classified into endogenous and exogenous eczemas depending up on whether the causative factors are internal or external. Erythema, vesiculation, and oozing are the symptoms of acute eczema, followed by subacute scaling and crusting and chronic lichenification.^[1]

A widespread, chronic, inflammatory skin condition marked by pruritus and recurrent remissions and

relapses, atopic eczema or dermatitis is one of the endogenous dermatitis. It has links to other atopic diseases such as allergic rhino conjunctivitis and asthma. Atopic dermatitis affects 15 to 20% of people worldwide. 50% of cases appear in the first year of life, the majority do so within five years, and the remainder do so by the age of 30. It can be divided into 3 stages based on this: Infantile AD (2 months to 2 years), childhood AD (2 years to 10 years) and Adult AD. The majority of the individuals with atopic dermatitis report having had it as children. After the age of 18, AD affects 6% to 14% of people. Adults with atopic dermatitis develop small, erythematous, scaly plaques. In the acute stage, the lesion may ooze; in chronic cases, it may become dry, scaly and lichenified. It is triggered by stress, anxiety and depression in adults. Severe pruritus is the main outcome of this condition.

Ayurveda explains skin diseases under the main domain *Kushta*. *Kushta*, the word suggest any discolouration in the skin is having the involvement of three *Doshas* and *Tvak, Raktha, Mamsa, Lasika* as the seven pathogenic substances. The continuous and

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simultaneous involvement of these seven fold factors for a prolonged period and which are deep seated are involved in the pathogenesis. The *Doshas* travel through the *Tiryak Siras* to the skin through *Raktha*, *Lasika* and causes discolouration in the skin. Again, after discolouration of the skin, it starts to afflict the succeeding *Dhatus*, so this disease is having the two dimensional pathogenicity from inside to outside and vice versa.^[2] So the treatment should be based on the involvement of *Doshas* at particular stage of the disease pathogenesis. *Kushta* is broadly classified into *Mahakushta* and *Kshudra Kushta* which is again classified into 7 and 11 respectively.^[3] So a total of 18 types of *Kushta* and the *Dosha* involvement for each one were explained in the classics. The treatment for this condition includes both *Samana* and *Shodhana*. By assessing the *Dosha* predominance at the particular stage of pathogenesis treatment should be provided like *Snehapana* for *Vata*, *Vamana* for *Kapha*, *Raktha Mokshana* and *Virechana* for *Pitta*.

Charmakushta is a type of *Kshudra Kushta* which is *Vatakapha Pradhana Dosha* and having symptoms like rough skin that resemble that of the elephant. *Charmakushta* can be correlated with chronic stage of atopic eczema where there is lichenification of the skin. A secondary skin lesion which is characterized by hyper pigmentation, thickened skin and with increased skin markings is known as lichenification.^[4] The case taken here is a subject with chronic eczema having secondary lesions of lichenification and severe pruritis and was taken as a *Vatakapha* predominant *Charmakushta* and was treated with *Shaman Aushadhis* and *Shodhana Chikitsa* like *Vamana*.

The parameters like NRS (numeric rating scale), EASI score (eczema area and severity index)^[5], ADSS (atopic dermatitis sleep score) and DLQI (Dermatology Life Quality Index) were assessed for measuring pruritis, area or extent along with severity, Sleep disturbance and quality of life of the patient respectively. All these parameters were assessed before and after treatment and also after follow up. DLQI of the patient was 66.6% before treatment which was reduced to 26.6% after treatment and 13.3% after follow up. NRS score has showed a 5-point decrease in the score and ADSS

showed a complete decrease in mean score after follow up. EASI score also showed a marked reduction from 22 to 8.6 after follow up.

CASE REPORT

A female patient aged 45, complaints of blackish discoloration since 2 yrs. distribution: asymmetrical widespread from axilla in bilateral sides, in groins, in flexures/wedges of mammary gland, below and around umbilical region and in some parts of lower limb with severe itching which is disturbing her sleep. Morning, she baths so many times so as to reduce the itch but in night she is experiencing more itching and when she scratches it becomes eroded and painful. Sometimes vesicles appear on the discoloured skin usually while taking some peculiar food. Occasionally Burning sensation present. K/C/O allergy-asthma, hyperthyroidism-since 8 yrs. under medication for both. She consulted many allopathic hospitals with only momentary relief. So, she approached our hospital.

Diagnosis and assessment

Based on the history of the present illness and clinical examination, the condition was diagnosed. Signs and symptoms like erythema and vesicles with secondary lesion of lichenification were present in flexures with severe itching and disturbed sleep. History of bronchial asthma present.

The assessment criteria's used were pruritis NRS (numeric rating scale), EASI score (eczema area and severity index), ADSS (atopic dermatitis sleep score) and DLQI (Dermatology Life Quality Index). Pruritis was measured using pruritis NRS where patient was asked to rate their itching each day from 0 to 10 based on the severity of their itching which is recorded on each day and weekly mean scores are taken. EASI score was taken based on the body regions affected and severity of the redness, thickness, scratching and lichenification. ADSS was also assessed by the self report of the patient, the impact of itch on sleep including 2-point assessment of difficulty in falling asleep and number of night time awakenings. DLQI was assessed with the help of a 10-point questionnaire

which measures how much the patients skin problem has affected her life over the last week.

Table 1: Pruritus numeric rating scale (NRS)

	Before treatment (1 st wk.)	After treatment (4 th wk.)	After follow up (8 th wk.)
Mean score	9	4	2

Figure 1: pruritus numeric rating scale

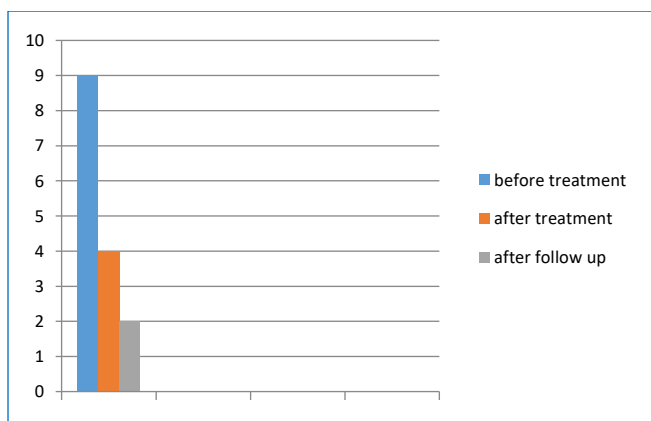


Table 2: Eczema area and severity index (EASI)

Before Treatment								
Body region	redness	thickness	scratching	lichenification	Severity score	Area score	multiplier	Region score
Head/ neck	0	0	0	0	=0	x0	x0.1	0
Trunk	2	3	3	3	=11	x4	x0.3	13.2
Upper limb	1	1	1	1	=4	x1	x0.2	0.8
Lower limbs	2	3	2	3	=10	x2	x0.4	8

After Treatment								
Body region	redness	thickness	scratching	lichenification	Severity score	Area score	multiplier	Region score
Head/ neck	0	0	0	0	=0	x0	x0.1	0
Trunk	1	2	0	2	=5	x4	x0.3	6
Upper limb	1	1	0	1	=1	x1	x0.2	0.6
Lower limbs	1	2	0	2	=5	x2	x0.4	4

After Follow Up								
Body region	redness	thickness	scratching	lichenification	Severity score	Area score	multiplier	Region score
Head/ neck	0	0	0	0	=0	x0	x0.1	0
Trunk	1	1	0	2	=4	x4	x0.3	4.8
Upper limb	1	1	0	1	=1	x1	x0.2	0.6
Lower limbs	1	1	0	2	=4	x2	x0.4	3.2

Table 4: Final EASI score

	Before treatment	After treatment	After follow up
EASI score	22	10.6	8.6

Figure 2: Final EASI score

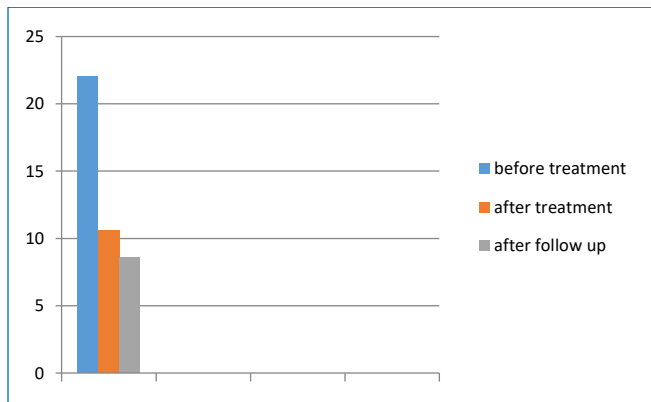


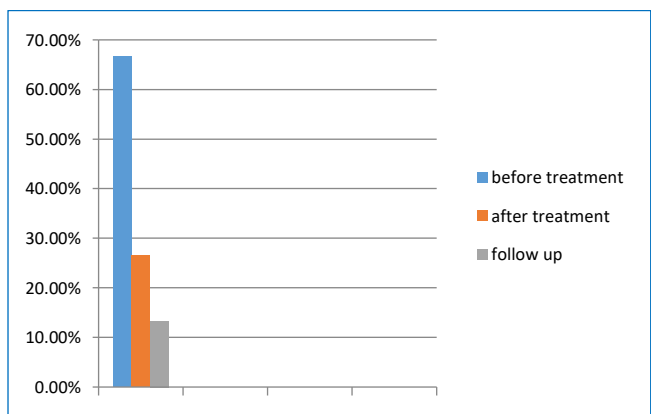
Table 5: Atopic Dermatitis Sleep Score (ADSS)

Mean score	Before treatment	After treatment	After follow up
Difficulty falling asleep	4	2	0
Number of night time awakening	7.4	0	0

Table 6: Dermatology Life Quality Index (DLQI)

	Before treatment	After treatment	After follow up
DLQI score	66.6%	26.6%	13.33%

Figure 3: Dermatology Life Quality Index



Intervention

Table 7: Internal medications

Duration	Medicine	Dose	Anupana	Frequency
22-08-2022 to 14-09-2022	Aragwadhadi Kashayam ^[6] + punarnavadi Kashyam ^[7]	20ml	60 ml lukewarm water	Two times a day before food
	Vilwadi Gulika ^[8]	1 tablet	With Kashayam	Two times a day before food
22-08-2022 to 14-09-2022	Haridra Kandam ^[9]	1 table spoon	With lukewarm water	Morning after food
22-08-2022 to 24-08-2022	Avipathi Choornam ^[10]	1 table spoon	With warm water	At bed time
25-08-2022 to 14-09-2022	Manibadra Gulam ^[11]	1 table spoon	With warm water	At bed time
23-08-2022	Anuloma DS	2 tablet	With warm water	At night
26-08-2022	Pathyakshadhatryadi Kashayam tab	1 tablet	With warm water	Two times after food
7-09-2022	Dasamoola Rasayanam + Karpooradi Choornam	1 teaspoon + 1/4 teaspoon		Two times after food

Table 8: Bahirparimarjana and Sodhana Chikitsa

Duration	Treatment
24-08-2022 – 27-08-2022	Abhyangam with Jeevanthyadi Yamakam Kashaya Dhara with Aragwadhagana Kashayam
24-08-2022 – 27-08-2022	Rookshana with Gandharvahasthadi Kashayam and Vaiswanara Choornam - ¼ tablespoon with the Kashayas mentioned above.
28-08-2022 – 04-09-2022	Snehapana with Aragwadha Mahatiktaka Ghrita (internal administration of medicated ghee started with a dose of 25ml and gradually increasing the dose upto 230 ml)
05-09-2022	Abhyangam with Jeevanthyadi Yamakam Bashpa Svedam
06-09-2022	Vamana (Emesis) with Yashtimadhu Kashaya, Ksheera, Lavanodakam
	Samsarjanakrama (for increasing the digestive power after Vamana therapy)
09-09-2022 – 14-09-2022	Abhyangam with Jeevanthyadi Yamakam + Aditya Paka Thailam Bashpa Swedam
13-09-2022 – 14-09-2022	Kashaya Dhara with Aragwadhadi Kashayam Utkarshanam with Aragwadhadi Kashaya Choornam + Kashayam

Table 9: Discharge medicines

Medicine	Dose	Frequency
Patola Katurohinyadi Kashayam + Aragwadhadi Kashayam	20 ml + 60 ml lukewarm water	Two times a day before food
Vilwadi Gulika	1	Two times a day with Kwatha
Haridra Khandam	1tsp	Two times after food

Manibadra Gulam	3 tsp	At bed time
Manasamitra Vatakam	1	At night
Sidharthaka Snana Choornam + Aragwadhadi Choornam + Nimbi Haridradi Choornam	For Utkarshana before bath	
Jeevanthyadi Yamakam + Nalpamaradi Thailam	External application	
Ksheerabala Thailam	For Padaabhyangam	
Kachooradi Choornam	For Thalam	

DISCUSSION

Atopic dermatitis which is a type of endogenous eczema manifest as erythema, vesiculation and oozing in the acute stage and in subacute stage manifest as scaling and crusting with lichenification in the chronic stage. Skin diseases can be diagnosed on the basis of present pathogenic stage and the involved *Dosha* and *Dushya* in *Ayurveda* as *Ayurveda* classifies skin diseases under the umbrella of *Kushta* into 18 types. Based on the present status of the patient where she is having blackish discoloration in multiple areas including flexures which are lichenified in most areas with severe itching which disturbs her sleep heavily can be correlated to *Charmakushta* which is *Vatakaphaja* predominant.^[12] Treatment principles adopted here is *Samshodhana* which should be *Snehayuktha* along with the *Samana Aushadhas* which are *Kushtaghna*.^[13] Here the condition is chronic and in atopic dermatitis filaggrin deficiency, poor epidermal *Samshodhana* *Chikitsa* lipid layer with increased transepidermal water loss and predisposition to bacterial and viral infections along with reduced itch threshold happens, so should be done with a proper *Snehana* given in *Arohana Matra* and *Bahya Snehana* is done in form of *Abhyanga*.

Patient is a known case of allergy and asthma with a hereditary predisposition of the same and was under medication for the same. So *Punarnavadi Kashayam* was started along with *Aragwadhadi Kashayam* as she had severe itching with disturbed sleep. *Vilwadi Gulika* was given along with that which will act as an

antimicrobial and prevents infection and removes all kinds of *Visha*. *Haridhra Khandam* was prescribed to reduce the vicious cycle of allergies.

Snehapana was done with *Aragwadhadi Mahathikthaka Ghritha* for 8 days with the dose increasing upto 230 ml and *Vamana* was done after one day of *Bahya Sneha* and *Sweda*. *Vamana* was done with *Yashtimadhu Kashaya*, *Ksheera*, *Lavanodakam* and *Nitya Virechana* was done with *Manibadra Gulam*. *Bahya Sneha* was done frequently with *Jeevanthyadi Yamakam* which is having an antimicrobial action along with *Kashaya Dhara* with *Aragwadhadi Gana Kashayam*. *Utkarshanam* was done with *Aragwadhadi Kashaya Choornam* and *Kashayam* to reduce the thickness of the secondary lesion of lichenification.

The parameters like NRS (numeric rating scale), EASI score (eczema area and severity index), ADSS (atopic dermatitis sleep score) and DLQI (Dermatology Life Quality Index) were assessed for measuring pruritus, area or extent along with severity, Sleep disturbance and quality of life of the patient respectively. All these parameters were assessed before and after treatment and also after follow-up. DLQI of the patient was 66.6% before treatment which was reduced to 26.6% after treatment and 13.3% after follow up. NRS score has showed a 5-point decrease in the score and ADSS showed a complete decrease in mean score after follow up. EASI score also showed a marked reduction from 22 to 8.6 after follow-up. The itching and sleep disturbance of the patient was able to reduce to a remarkable rate along with improving the quality of life of the subject. This case study brings out the effectiveness of our classical treatment and intermittent treatment support is needed for further reduction of the thickness and secondary lesions which are chronic in origin.

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