

An Ayurvedic approach in the management of Kashyapokta Charmadala (Atopic Dermatitis) in Children: A Case Study

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Atopic Dermatitis (AD), commonly known as eczema, is a chronic relapsing skin disorder affecting 10-30% of children worldwide. It is characterized by intense pruritus, erythema, scaling, serous oozing, and occasional blister formation.[1] Children diagnosed with AD may also present with asthma and allergic rhinitis, which are the common comorbidities of AD in infancy and/or in early childhood. Ayurveda describes a similar condition as Charmadala in Khila Sthana of Kashyapa Samhita, attributing it to the vitiation of all three Doshas and presents with symptoms such as redness, itching, pustules, pain and cracks in the skin and tenderness.[3] This case study highlights an Ayurvedic intervention that successfully managed AD in a 14-year-old girl through a combination of Panchakarma therapies and Shamana Aushadhis. The outcome demonstrated significant symptomatic relief and skin rejuvenation, with no relapse observed during follow-ups.

Keywords: Kashyapa Samhitha, Charmadala, Shamana Aushadhis, Atopic Dermatitis

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Introduction

The skin, body's largest organ, plays a vital role in protection, thermoregulation, and immune response. In children, dermatological conditions such as AD contribute significantly to paediatric consultations.[4] AD presents as a chronic inflammatory skin disorder with severe itching, redness, and scaling, often linked to asthma and allergic rhinitis. From an *Ayurvedic* perspective, AD correlates with *Charmadala*, a disorder described in *Kashyapa Samhita*, characterized by itching, pustules, skin cracking, and tenderness due to *Tridoshic* involvement. Unlike conventional management, *Ayurveda* employs a holistic approach through *Shodhana* and *Shamana* therapies, aiming at long-term relief and rejuvenation.

Case Report

A 14-year-old female patient presented with maculo-papular lesions, erythematous in nature, affecting various body areas, including face, neck, and limb flexures. The lesions were associated with severe itching, burning sensation, scaling, and persistent dryness for over a year. The patient had a h/o asthma since age of four and had been using nebulizers/antibiotics for symptomatic relief. She experienced frequent lip cracking, which progressed into dry, flaky, erythematous rashes accompanied by pain and itching. The condition later spread to scalp, elbows, eyebrows, and limb flexures, with mild oozing from some affected areas. Symptoms worsened with spicy food intake and cold weather, significantly disrupting her sleep due to intense nocturnal itching. Consultation with an allopathic doctor led to long-term use of topical and systemic steroids, resulting in complications such as eyebrow and eyelash loss. Concerned about these side effects, patient sought *Ayurvedic* treatment at Sri Sri College of Ayurvedic Science Research and Hospital, Bengaluru for holistic management.

History of Past Illness: K/C/O Asthma since 4 years of age.

Drug History: Antihistamine - Syrup Cetirizine (2-5mg) (SOS)

Family History: Her grandmother and paternal uncle have H/O Asthma

General Examination:

Built : Moderately built

Height : 145 cm

Nourishment : Well- nourished

Weight : 35 kg

B.P : 110/80 mm of Hg

Temperature : 97°F.

Respiratory Rate : 20cpm

Pulse : 84 bpm

Growth and Development

All milestones attained as per age

Integumentary System:

Table 1: Examination

Nature	Maculo-papular lesions present especially in flexor region.
Distribution	All over the body, present especially in flexor region.
Size	Less than 5 mm
Shape	Circular
Color	Erythematous
Borders	Well defined
Secondary changes	Lichenification +
Discharge	Present
Burning sensation	Present
Itching over lesion	Present +++
Tenderness	Present
Surface texture	Roughness ++ Dryness ++

Investigations:

IgE: 1253.7 IU/ml (07/02/23)

Before Treatment:



Treatment Protocol:

Table 2: Timeline of the treatment during hospital stay

Date of Visit	Panchakarma Treatment/Medicines Used	Discharge Medications
(16/03/2023 – 27/03/2023) (First IP Visit)	1. Sarvanga Abhyanga: Panchatiktaka Ghrita[5] - 11 days Followed By 2. Sarvanga Avagaha: Lodhra + Sariva + Lajjalu + Pooga Kwatha -3 days 3. Sarvanga Pichu: Prunilol cream+ Narikela jala + Panchavalkala lepa + Lajjalu - 11 days	<ul style="list-style-type: none"> ■ Khadirarista[6] ■ Panchatiktaka Ghrita Guggulu[7] ■ Yashtimadhu Ghrita Pichu[8] ■ Panchavalkala Ointment
(18/05/2023 – 22/05/2023) (Second IP Visit)	1. Snehapana: Mahatiktaka Ghrita[9] (75 ml, x 1 day) 2. Sarvanga Abhyanga: Tungadrumdi Taila (2 days) followed by Bashpa Sweda (2 days) 3. Virechana: Trivrt Lehya + Triphala Kashaya + Draksha Kashaya	<ul style="list-style-type: none"> ■ Khadirarista + Sariva Kalpa ■ Panchatiktaka Ghrita Guggulu ■ Yashtimadhu Ghrita + Aragwadhadhi Mahatiktaka Ghrita ■ Capsule Tiktamrutam
(16/11/2023 – 24/11/2023) (Third IP Visit)	1. Snehapana: Mahatiktaka Ghrita (for 3 days) 2. Sarvanga Abhyanga: Panchatiktaka Ghrita followed by Bashpa Sweda (2 days) 3. Virechana: Trivrt Lehya + Amalaki Swarasa + Katuki Choorna	Same as before
(08/02/2024 – 1 day) (Fourth IP Visit)	1. Sarvanga Abhyanga: Karpuradi Taila followed by Bashpa Sweda 2. Sadhyo Vamana: Yashtimadhu Kwatha + Saindhava Jala	Shataputi Abhraka Bhasma + Hinguvachadi Choorna + Swasakutara Rasa + Yashtimadhu Choorna with honey

Table 3: Follow-Up and Outcome

Features	Distribution	Discharge	Tenderness	Burning sensation	Itching over lesion	Surface texture 1. Roughness 2. Dryness
16/03/23 (First IP Visit)	Maculo-papular rashes present all over the body.	Present	Present	Present	+++	1. ++ 2. ++
10/04/23 (First Follow-up)	Maculo-papular rashes reduced over face and neck, persists over flexor region.	Mild	Present	Present	++	1. ++ 2. +
18/05/23 (Second IP Visit)	Maculo-papular rashes reduced all over the body.	Mild	Absent	Absent	+	1. + 2. +
30/09/23 (Second Follow-up)	Maculo-papular rashes reduced all over the body.	Absent	Absent	Absent	+	1. Mild 2. +
16/11/23 (Third IP Visit)	Few lesions present all over the body.	Absent	Absent	Absent	+	1. Absent 2. +
08/02/24 (Fourth IP Visit)	Very few Maculo-papular lesions present over flexor region.	Absent	Absent	Absent	Mild over few areas	1. Absent 2. Mild
11/04/24 (Fourth Follow-up)	No Relapse seen	Absent	Absent	Absent	Absent	1. Absent 2. Absent

First Follow-Up:



Second Follow-Up:



Fourth Follow-Up:



Observations and Results

Over four admissions and follow-ups, the patient experienced:

- Reduction in erythema, dryness, and maculo-papular lesions
- Decreased itching, burning sensation, and oozing
- Improved skin texture and elasticity
- Normalization of IgE levels
- No relapse observed during follow-ups

Discussion

AD is a chronic relapsing disorder, necessitating a treatment approach that minimizes flare-ups and extends disease-free periods. Here, we have seen chronic case of *Tridoshaja Charmadala* with vitiation of *Rakta* showing frequent exacerbations. For treatment of *Charmadala*, drugs alleviating *Vata*, *Pitta*, *Kapha Doshas*, which have *Kandughna* (antipruritic), *Kushtaghna* (alleviates skin lesions) and *Rakta Shodhaka* (Blood purifier), as well as possessing, *Katu* (pungent), *Tikta* (bitter) *Rasa* and *Ushna Veerya* (hot in potency) were selected. Though the patient exhibited *Tridoshaja Charmadala* with *Rakta* vitiation, showing frequent exacerbations requiring systematic detoxification,

Treatment was aimed at reducing dryness and pruritis which caused much of discomfort to patient attributed to *Vata* and *Kapha Doshas*. Hence, *Bahirmarjana Chikitsa* was primarily performed, helping to reduce *Prakupita Doshas*. Internal medicines and external procedures useful in skin diseases were chosen in this case. *Ayurvedic* treatment incorporated *Shodhana Chikitsa* to eliminate accumulated toxins or *Utklishta Doshas* from body, followed by *Shamana Chikitsa* to pacify remaining *Doshas* or *Seshadoshas*. After completion of treatment, it led to symptomatic relief and considerable improvement was recorded with noticeable reduction of symptoms along with appearance of healthy skin.

Conclusion

AD, a chronic relapsing disorder, requires an approach that not only controls flare-ups but also ensures long-term skin health. *Kashyapa's* approach to *Charmadala* - an *Utpaata Vyaadhi* emphasizes targeted *Dosha* management through sequential *Panchakarma* therapies. If coupled with *Shamana Aushadhis* and *Pathya Ahara-Vihara* it significantly reduces symptoms and prevent recurrence and further manifestation of new symptoms. This case study highlights the efficacy of *Ayurvedic* treatments in achieving sustained remission without side effects associated with long-term steroid use.

It also, suggests that *Kashyapokta Charmadala* with the involvement of *Tridoshas* and multiple *Dushyas* is *Sadhya* when approached with a specifically designed protocol. Further clinical trials are warranted to substantiate these findings and promote Ayurveda's role in dermatological care.

Declaration of patient consent:

Obtained as per ICMR National Ethical Guidelines

Patient Perspective:

Before treatment, my condition severely impacted my daily life and academics. Ayurvedic therapy not only improved my skin but also restored my confidence and well-being.

References

1. Reid MC, Eccleston C, Pillemer K. Management of chronic pain in older adults. *BMJ*. 2017;356:j1321. doi:10.1136/bmj.j1321 [Crossref][PubMed][Google Scholar]
2. Prasher B, Pandey R, Tiwari P, et al. Molecular correlates of Ayurvedic principle of Prakriti (human constitution) and its implications for personalized medicine. *J Transl Med*. 2017;15(1):1–12. doi:10.1186/s12967-017-1206-6 [Crossref][PubMed][Google Scholar]
3. Kashyapa. Kashyapa Samhita, Vrddhajivakiya Tantra. In: Tewari PV, Kumar N, Sharma RD, Kumar A, editors. Varanasi: Chaukhamba Visvabharati; p. 621. *Khila Sthana, Chapter 15: Charmadala Adhyaya* [Crossref][PubMed][Google Scholar]
4. Medscape. Understanding the mechanisms of pain: how do we classify pain? [Internet]. 2011 [cited 2025 Feb 9]. Available from: <https://www.medscape.org/viewarticle/743529> [Crossref][PubMed][Google Scholar]
5. Govinda Das. Bhaishajya Ratnavali, 58-Visphotachikitsa Prakarana, verse 20. Varanasi: Chaukhamba Sanskrit Sansthan; 2022. . [Crossref][PubMed][Google Scholar]
6. Govinda Das. Bhaishajya Ratnavali, 54-Kushtha Prakarana, verses 365–370. Varanasi: Chaukhamba Sanskrit Sansthan; 2022. . [Crossref][PubMed][Google Scholar]
7. Vagbhata. Ashtanga Hridaya, Chikitsa Sthana, Chapter 12, Verses 13–15. Varanasi: Chaukhamba Sanskrit Sansthan; 2021. . [Crossref][PubMed][Google Scholar]
8. Acharya JT. Charaka Samhita, Chikitsa Sthana, Chapter 14, Verse 44. Varanasi: Chaukhamba Krishnadas Academy; 2016. . [Crossref][PubMed][Google Scholar]
9. Acharya JT. Charaka Samhita, Chikitsa Sthana, Chapter 14, Verse 43. Varanasi: Chaukhamba Krishnadas Academy; 2016. . [Crossref][PubMed][Google Scholar]

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