Case Report

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AYURVEDIC MANAGEMENT OF CHARMADALA (ATOPIC DERMATITIS) THROUGH SHAMANA AND SHODHANA CHIKITSA: A CASE REPORT

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ABSTRACT

Charmadala, described under Kshudra Kustha in Ayurvedic literature and is characterized by Kandu (itching), Raga (erythema), Tvak Rukshata (dryness), and Tvak Patana (scaling) due to Pitta–Kapha vitiation. It closely resembles chronic eczematous dermatitis and atopic dermatitis. A 52-year-old male presented with recurrent erythematous lesions associated with severe itching, burning, watery discharge, swelling, and scaling for 3–4 years. Previous allopathic treatment provided only temporary relief with frequent recurrence. Based on clinical features and Ayurvedic assessment, the condition was diagnosed as Pitta–Kapha predominant Charmadala. The patient was initially managed with Shamana Chikitsa for 45 days, which included Panchatikta Guggulu Ghrita, Haridra Khanda, Panchnimba Churna, Ashtamurti Rasayana, Sheetapittabhanjana Rasa, Trivanga Bhasma, Kamadudha Rasa, Arogyavardhini Vati, Godanti Bhasma, Phalatrikadi Kwatha and Jwarahara Kashaya, Erandabhrishta Haritaki and Kutaki Churna along with external applications of Dadrughnalepa mixed with Gomutra and Jeevantyadi Yamaka were also prescribed. Partial improvement was observed in erythema, itching, burning sensation, discharge, swelling, and scaling. Considering the chronic and recurrent nature of the disease, Shodhana Chikitsa was planned. The patient underwent Deepana-Pachana with Panchakola Churna, followed by Snehapana, Sarvanga Abhyanga, Swedana, and Virechana Karma. All major symptoms improved significantly after treatment, with no recurrence during follow-up. This case highlights the effectiveness of a combined Shamana and Shodhana approach in the Ayurvedic management of Charmadala.

Keywords: Ayurveda, Charmadala, Kshudra Kustha, Atopic Dermatitis, Case Report

INTRODUCTION

Charmadala is a skin disorder described in Ayurvedic classics under Kshudra Kustha. Acharya Charaka, Sushruta, Vagbhata and Madhav have described various forms of Kustha Roga, among which Charmadala is classified as a minor yet clinically significant dermatological condition.[1-4] Although not life-threatening, it causes considerable physical discomfort, cosmetic concerns, and impairment in quality of life. The term Kuṣṭha is derived from the statement "Kalenopeksitam yasmat sarvam kusnati tadvapuh," indicating a disease that gradually affects and deteriorates the body when neglected.[5,6] Clinically, Charmadala shares similarities with chronic eczematous dermatitis and atopic dermatitis, which are characterized by recurrent erythema, itching, scaling, exudation, and lichenification.[7,8]

According to Ayurvedic literature, Charmadala is characterized by Raktavarna Tvak Vikara (erythematous lesions), Kandu (itching), Visphoṭa (blister formation), Vedana (pain), Srava (discharge), Sotha (swelling), and Tvak Sphutana (cracking and scaling of the skin).[9] Madhava Nidana describes the condition as presenting with reddish eruptions associated with intense itching and tenderness, making the skin intolerant to touch.[10] The disease predominantly results from the vitiation of Pitta and Kapha Dosha.[11] Aggravated Pitta contributes to inflammation, burning sensation, erythema, and exudation, whereas vitiated Kapha is responsible for itching, discharge, swelling, heaviness, and chronicity of the lesions.[12]

Ayurveda describes various Nidana (etiological factors), including consumption of Viruddhahara (incompatible foods), excessive intake of heavy, unctuous, sour, and fermented foods, suppression of natural urges, improper dietary habits, excessive exposure to heat and sunlight, day sleep, and faulty lifestyle practices. These factors lead to vitiation of Dosha and contamination of Rakta and Twak, resulting in the manifestation of Charmadala.[13]

The patient was initially managed with Shamana Chikitsa for 45 days using Panchatikta Guggulu Ghrita, Haridra Khanda, Panchnimba Churna, Ashtamurti Rasayana, Sheetapittabhanjana Rasa, Trivanga Bhasma, Kamadudha Rasa, Arogyavardhini Vati, Godanti Bhasma, Phalatrikadi Kwatha, Jwarahara Kashaya, Erandabhrishta Haritaki, and Kutaki Churna, along with external application of Dadrughnalepa mixed with Gomutra and Jeevantyadi Yamaka.[14,15] This treatment resulted in partial relief of erythema, itching, burning sensation, discharge, swelling, and scaling. Considering the chronic and recurrent nature of the disease, Shodhana Chikitsa was subsequently planned. The patient underwent Deepana-Pachana with Panchakola Churna, followed by Snehapana with Panchatikta Ghrita, Sarvanga Abhyanga, Swedana, and Virechana Karma using classical purgative formulations. After completing therapy, significant improvement was observed in all major symptoms, including erythema, blister formation, itching, burning sensation, discharge, swelling, and scaling. The patient remained clinically stable during follow-up without significant recurrence, demonstrating the effectiveness of a combined Shamana and Shodhana approach in the Ayurvedic management of chronic Charmadala.[16]

Patient Information
A 52-year-old male from Shrimadhopur, Sikar, presented to the Outpatient Department of National Institute of Ayurveda, Jaipur, Rajasthan, India, with complaints of recurrent erythematous blisters associated with severe itching, burning sensation, watery discharge, occasional bleeding, swelling, and scaling over the entire body for the past 3–4 years. The symptoms initially appeared over the legs and gradually involved the entire body.

The symptoms showed repeated exacerbations and remissions. Although allopathic treatment provided temporary relief, the condition frequently recurred without sustained improvement.

Medical History
A 52-year-old male belonging to a middle-class socioeconomic background. The patient had no significant past medical history and reported no known systemic illness such as diabetes mellitus, hypertension, or thyroid disorder. Family history was non-contributory, and there was no history of known allergies.

Personal History
The patient had a normal appetite, satisfactory sound sleep pattern, and regular bowel and bladder habits. He followed a vegetarian diet and had no history of addictions.

Clinical Findings

General Examination
On general examination, the patient was conscious, cooperative, and well-oriented. His pulse rate was 76 beats per minute, and his blood pressure was 116/70 mmHg. He was afebrile with normal respiratory function, and his body mass index (BMI) was within the normal range.

Table 1: Distribution and Clinical Characteristics of Lesions at Baseline

Site of Lesion	Distribution Pattern	Clinical Characteristics	Kandu (Itching)	Daha (Burning Sensation)	Srava (Discharge)	Scaling
Back	Asymmetrical	Multiple erythematous plaques with itching.	Severe	Present	Absent	Mild
Abdomen	Asymmetrical	Erythematous lesions with itching and scaling	Present	Present	Absent	Mild
Upper Limbs	Bilateral and symmetrical	Erythematous papulo-vesicular lesions with itching and scaling	Present	Present	Absent	Present
Lower Limbs	Bilateral and symmetrical	Multiple erythematous blistering lesions with blood and water oozing out.	Severe	Present	Present	Present

Ayurvedic Examination

Ashta Vidha Pariksha
On Ashta Vidha Pariksha (eightfold Ayurvedic examination), the patient's Nadi (pulse) was recorded at 76/min and suggested Pitta-Kapha predominance. Mutra (urination) was regular, with a frequency of approximately 5–6 times/day. Mala (bowel habit) was regular and satisfactory. Jihva (tongue) was Alipta (uncoated), Shabda (speech) was Prakruta (normal), and Sparsha (skin temperature) was Ushna due to the predominance of Pitta and the presence of inflammatory skin lesions. Drik (vision) was normal, with no apparent visual abnormalities. The patient's Akruti (body build) was Madhyama (moderate).

Diagnostic Criteria
Based on the patient's history, clinical presentation, and Ayurvedic assessment, the condition was diagnosed as Pitta-Kapha Pradhana Charmadala (Kshudra Kushtha), clinically correlated with chronic eczematous dermatitis/atopic dermatitis. Written informed consent was obtained from the patient before initiating treatment.

Table 2: Chronological Timeline of Treatment and Follow-up

Time	Clinical Event
Since 3–4 years	Onset of erythematous blisters associated with severe itching, burning sensation, watery discharge, occasional bleeding, swelling, and scaling over the entire body
Day 1	First consultation and diagnosis
Day 15	First follow-up
Day 30	Second follow-up
Day 45	Third follow-up

Diagnostic Assessment
The diagnosis was established based on clinical examination and classical Ayurvedic symptomatology.

Samprapti Ghataka

Component	Involvement
Dosha	Kapha-Pitta
Dusya	Rasa, Rakta, Twak
Agni	Mandagni
Srotas	Rasavaha, Raktavaha
Rogamarga	Bahya

Therapeutic Intervention

Table 3: Internal Ayurvedic Medications Administered During Shamana Chikitsa

Drug	Dose	Duration	Anupana	Therapeutic Action
Panchatikta Guggulu Ghrita	10ml TDS	45 days	Warm water	Kushthaghna, Kandughna, Raktashodhaka, Pitta-Kapha Shamaka, anti-inflammatory, and wound-healing properties.
Haridra Khanda	1TSF TDS			
Arogyavardhini vati	250 mg BD	45 days	Phalatrikadi Kwatha 20 ml + Jwarahara Kashaya 20 ml BD	Kuṣṭhaghna, Kandughna, Raktashodhaka, Deepana-Pachana, Pitta-Kapha Shamaka, Rasayana, anti-inflammatory, immunomodulatory, and healing-promoting actions.
Sheetapittabhanjana Rasa	500 mg BD			
Panchnimba Churna	2 g BD			
Trivanga Bhasma	125 mg BD			

Kamadudha Rasa	500 mg BD			
Ashtamurti Rasayana	500 mg BD			
Godanti Bhasma	250 mg BD			
Erandabhrishta Haritaki	3 g HS	45 days	Warm water	Mild purgative, bowel cleansing, Pitta Rechana.
Kutaki Churna	1 g HS			

Table 4: External Therapies

Therapy	Method of Administration	Duration	Therapeutic Action
Dadrughnalepa mixed with Gomutra	Local application over lesions BD	45 days	Kandughna, Kushthaghna, Shothahara
Jeevantyadi Yamaka	Local application 3–4 times/day	45 days	Moisturizing, wound healing, reduces scaling and inflammation

Table 5: Shodhana Chikitsa Protocol

Procedure	Drug/Intervention	Purpose
Deepana-Pachana	Panchakola Churna	Digestion of Ama and preparation for Shodhana
Snehapana	Panchatikta Ghrita	Internal oleation
Sarvanga Abhyanga	Medicated oil massage	Oleation and Dosha mobilization
Swedana	Sudation therapy	Liquefaction of vitiated Dosha
Virechana Karma	Trivrit Yavakuta, Haritaki Yavakuta, Aragvadha Yavakuta, Aragvadha Phalamajja, Kutaki Moola Yavakuta, Draksha	Elimination of aggravated Pitta-Kapha Dosha

Pathya-Apathya (Diet and Lifestyle Advice)

Dietary Advice (Pathya)

- Light and easily digestible food.
- Green vegetables.
- Warm water intake.
- Avoid incompatible foods.

Apathya

- Excessively spicy food.
- Fermented food.
- Oily and junk food.
- Day sleep.

Table 6: Timeline of Events

Date	Procedures	Duration	Clinical Event
August and September 2025	Samana Chikitsa	0 Days	Onset of erythematous blisters associated with severe itching, burning sensation, watery discharge, occasional bleeding, swelling, and scaling over the entire body.
		15 Days	Mild relief in itching, burning sensation and watery discharge.
		30 Days	Mild relief in itching, burning sensation, watery discharge and scaling.
		45 Days	Moderate relief in erythematous blisters associated with severe itching, burning sensation, watery discharge, occasional bleeding, swelling, and scaling over the entire body.
6 October 2025	Deepan Pachana	3 Days	Improvement in digestion and appetite; reduction in Ama symptoms.
9 October 2025	Snehpana	5 Days	Good tolerance to internal oleation and preparatory procedures.
14 October 2025	Sarvanga Abhyanga Swedana	4 Days	Moderate relief in itching, burning sensation, discharge, and swelling.
17 October 2025	Virechana	1 Day	Marked reduction in itching, burning sensation, discharge, and swelling; lesions began healing
17 November	1 Month After Virechana	1 Month	Minimal erythema and scaling; no fresh blister formation; sleep and daily activities improved
18 Feb 2026	Final Follow-up	2 Month	Sustained symptomatic relief with significant reduction in all major symptoms and no adverse events reported

Follow-Up and Outcomes

The patient was followed up at regular 15-day intervals throughout the treatment period. During the initial 45 days of Shamana Chikitsa, gradual improvement was observed in Kandu (itching), Daha (burning sensation), Raga (erythema), Srava (discharge), Shotha (swelling), and scaling. However, considering the chronic and recurrent nature of the disease, Shodhana Chikitsa in the form of Virechana Karma was subsequently administered. Following Virechana, marked clinical improvement was observed with significant reduction in erythematous lesions, blister formation, itching, burning sensation, discharge, and scaling. Sleep quality and overall well-being also improved. The patient remained clinically stable during follow-up, with sustained symptomatic relief and no significant recurrence of symptoms.

DISCUSSION

Charmadala is described under Kshudra Kustha in Ayurvedic literature and is predominantly caused by the vitiation of Pitta and Kapha Dosha, along with the involvement of Rakta and Twak.[1,3,11] Classical texts describe its cardinal features as Kandu (itching), Raga (erythema), Visphota (blister formation), Daha (burning sensation), Srava (discharge), Sotha (swelling), and Tvak Sphutana (scaling and cracking of the skin), which closely correlate with the clinical presentation observed in the present case.[9]

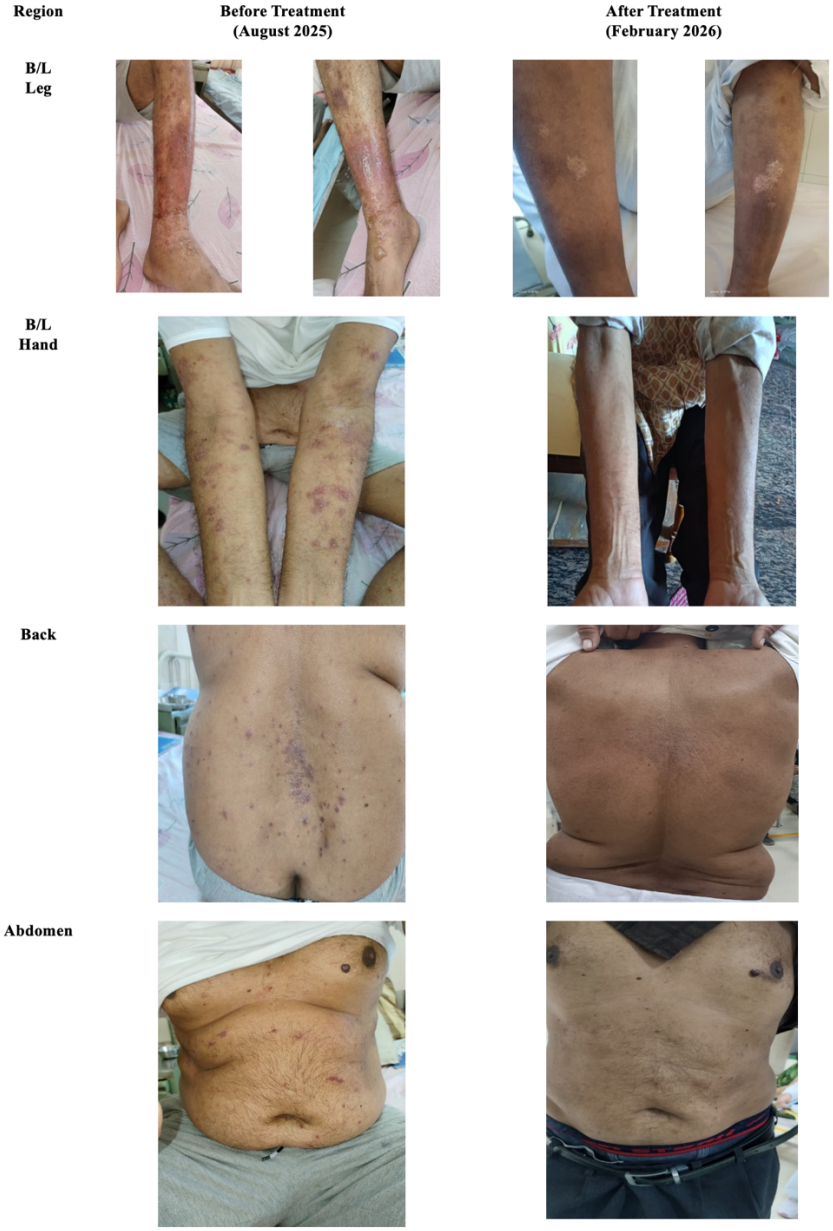

Figure 1: Comparative clinical photographs showing progressive improvement in erythematous lesions, blister formation, scaling, and inflammation.

From a modern perspective, chronic eczematous dermatitis and atopic dermatitis are characterized by persistent inflammation, epidermal barrier dysfunction, immune dysregulation, pruritus, erythema, exudation, and recurrent exacerbations. The recurrent nature of the disease and only temporary relief with conventional treatment methods indicate the need for a comprehensive therapeutic approach.[7,8]

The management strategy in this case was based on the principles of Dosha Samana, Rakta Shodhana, and Shodhana Chikitsa.[17] The initial Shamana Chikitsa incorporated formulations possessing Kusthaghna, Kandughna, Raktashodhaka, Pitta-Kapha Shamaka, anti-inflammatory, and immunomodulatory properties, which helped reduce itching, burning sensation, discharge, erythema, and scaling. Since only partial improvement was achieved and the disease had a chronic recurrent course, Virechana Karma was administered following appropriate Purvakarma. Virechana is considered the principal therapy for eliminating aggravated Pitta Dosha and purifying Rakta, thereby addressing the root pathology of Charmadala.

Following the combined Shamana and Shodhana approach, all major symptoms improved significantly, with sustained relief during follow-up. Although conclusions cannot be generalized from a single case, this report highlights the potential effectiveness of Ayurvedic interventions in the management of chronic recurrent Charmadala.

CONCLUSION

This case highlights the effectiveness of a combined Shamana and Shodhana approach in managing Charmadala (Atopic Dermatitis). Significant improvement was observed in itching, erythema, burning sensation, blister formation, discharge, swelling, and scaling, with sustained relief during follow-up. The findings suggest that Ayurvedic interventions may offer a

promising therapeutic option for chronic recurrent eczematous skin disorders.

Patient Perspective

The patient reported gradual relief in itching, burning sensation, and discomfort during the course of treatment. After the initial phase of Shamana Chikitsa, he noticed reduced discharge, swelling, and scaling; while following Virechana Karma, he experienced marked improvement in skin lesions and overall comfort. Sleep quality improved significantly, and daily activities became easier. The patient expressed satisfaction with the Ayurvedic treatment and was encouraged by the sustained improvement without significant recurrence during follow-up.

Informed Consent

The patient was informed about the nature of the treatment, its potential benefits, and the use of clinical information and photographs for academic and publication purposes while maintaining confidentiality and anonymity.

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