

INTEGRATING AYURVEDA IN THE MANAGEMENT OF CHARMAKEELA W.S.R. TO EPIDERMAL NEVUS" - A SINGLE CASE STUDY**Dr. Shweta Ojha^{1*}, Dr. Prakash Joshi², Dr. Yogesh Wane³ and Dr. Akhand Singh Baghel⁴**¹PG Scholar, Department of Rachana Sharir in Govt. (Auto) Dhanwantari Ayurved Collage and Hospital Ujjain (M.P) India.²Assistant Professor, Department of Rachana Sharir in Govt. (Auto) Dhanwantari Ayurved College and Hospital Ujjain (M.P) India.³Associate Professor, Department of Rachana Sharir in Govt. (Auto) Dhanwantari Ayurved College and Hospital Ujjain (M.P) India.⁴PG Scholar, Department of Rachana Sharir in Govt. (Auto) Dhanwantari Ayurved Collage and Hospital Ujjain (M.P) India.***Corresponding Author: Dr. Shweta Ojha**

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ABSTRACT

Epidermal nevi are benign skin growths that typically appear at birth or during early childhood. These lesions consist of various epidermal components, including keratinocytes, sebaceous glands, hair follicles, apocrine and eccrine glands, and smooth muscle cells, and are believed to result from cutaneous mosaicism. They are categorized into distinct variants based on their clinical appearance, extent of involvement, and the predominant epidermal structure within the lesion. The main variants include verrucous epidermal nevus, nevus sebaceous, nevus comedonicus, eccrine nevus, apocrine nevus, Becker's nevus, and white sponge nevus. Each type exhibits unique features that reflect its underlying cellular composition. This case study discusses a 12-year-old male child patient who presented with multiple dark-colored, warty papules arranged in a linear pattern on the left side of the body along with the leg, hand, neck and back. These lesions had been present for 7 years and were diagnosed as an epidermal nevus. In *Ayurveda*, this condition can be correlated with *Charmakeela* based on its symptomatology and treatment approaches.

KEYWORDS:- *Charmakeela*, Verrucous Epidermal Nevi, Hamartomas.**INTRODUCTION**

Epidermal nevi are hamartomas of the skin with various subtypes, including Verrucous Epidermal Nevus (VEN). VEN is characterized by hyperplasia of the epidermis, presenting as verrucous, well-demarcated, skin-colored, or brown papillomatous plaques. Most lesions are present at birth or develop during early infancy, gradually enlarging during childhood and typically stabilizing in size by adolescence. These lesions can be either localized or diffuse, often appearing in linear patterns, especially on the limbs, where they may align with skin tension lines or Blaschko's lines.^[1] Epidermal nevi are observed in approximately 1 to 3 per 1,000 live births, affecting males and females equally.^[2]

Histologically, verrucous epidermal nevi exhibit features such as hyperkeratosis, acanthosis, and papillomatosis. Epidermolytic hyperkeratosis is occasionally observed, more commonly in diffuse cases than localized ones. Extensive verrucous epidermal nevi may be associated

with epidermal nevus syndrome, a condition involving various developmental abnormalities affecting the skin, eyes, and central nervous, skeletal, cardiovascular, and urogenital systems. Rarely, malignant transformation into basal cell or squamous cell carcinoma may occur. Nevus sebaceous shares surface characteristics with verrucous epidermal nevi but also involves dermal malformations, particularly hyperplasia, and misplacement of sebaceous glands. These lesions almost exclusively appear on the scalp or face, presenting at birth as yellow, hairless, thin plaques. During puberty, androgen stimulation typically causes them to become raised and verrucous.

Histopathologically, nevus sebaceous displays enlarged sebaceous lobules, apocrine glands, minor epidermal changes, and reduced, misaligned follicular units. In adulthood, these lesions are more likely than verrucous epidermal nevi to develop benign or malignant tumours, with syringocystadenoma papilliform being the most

common benign tumour and basal cell carcinoma being the most common malignant tumor.^[3]

Treatment options in conventional medicine include topical agents, cryotherapy, laser electrofulguration, and surgical excision; however, these approaches often face challenges such as limited effectiveness and recurrence.

- 1. Topical chemical agents:** Salicylic acid is commonly used for its effectiveness in topical application.
- 2. Corticosteroid therapy:** These powerful anti-inflammatory agents can be applied topically or administered through intralesional injections.
- 3. Oral retinoids:** Known for their anti-proliferative effects on the epidermis, these medications require lifelong use to prevent recurrence.
- 4. Cryosurgery:** This method, typically involving liquid nitrogen, has a slow healing process and carries risks such as infection, swelling, and postoperative discoloration around the treatment area.
- 5. Laser treatment:** A non-invasive approach often employed for managing epidermal nevi.
- 6. Surgical excision:** Considered the gold standard for treating small epidermal nevi, though it may not be feasible if the nevus is deeply rooted. This method often results in significant scarring.^[4]

In *Ayurveda*, Epidermal Nevus is often correlated with a condition known as *Charmakeela*. This condition arises due to the vitiation of *Vata* and *Kapha Doshas*, leading to the formation of hard, nail-like structures on the skin, referred to as *Charmakeela*.^[5] According to *Vagbhata*, *Vyana Vayu* combined with *Kapha* creates growths on the skin's surface, resembling nails in appearance—immovable and hard in texture—known as *Charmakeela*.^[6] *Acharya Sushruta* elaborates on the characteristics of *Charmakeela* based on the predominance of specific doshas. In *Vata*-dominated cases, the patient experiences *Toda* (Pricking pain). When *Kapha* predominates, the lesion appears as a lump without discoloration of the skin. In *Pitta*-dominated cases, the lesion, due to *Rakta* vitiation, appears blackish, oily, dry, and hard. *Acharya Sushruta* classifies *Charmakeela* under the category of *Kshudra Roga* (Minor diseases).

MATERIAL AND METHOD

Case report -The present case study is a successful *Ayurvedic* management of *Charmakeela* w.s.r to Epidermal Nevi. A 12-year-old male child patient (OPD NO. 26746) with their parent came to our hospital Govt. *Dhanwantari Ayurvedic* College and Hospital Ujjain with a chief complaint of brown-black unilateral linear lesions with mild scaling of skin over left leg, hand, abdominal region, Neck, back, and face, for 7 years. There is no connection to seasonal variation. He also had a complaint of psychological trauma due to above

mentioned complaint. There was no pruritus, erythema, or associated skeletal or neurological defects.

History of present illness- According to the patient's parents, he was asymptomatic 7 years back. One day their parents noticed some lesions over their lower legs with itching. They gave him allopathic medicine for this but got symptomatic relief. His condition worsens and progressively increases along one side of his body day by day. Now they want to take *Ayurvedic* treatment. So, they came with the patient here for better management.

Past History- No Previous H/O or any other severe illnesses.

Treatment History- The patient took allopathic and local medication for the present complaint but could not get satisfactory relief.

Surgical History -No H/O any surgery.

Family History -Family history was negative for similar conditions or skin disorders and no H/O severe illnesses.

Treatment protocol

Oral medication

- Tab *Arogyavardhini Vati*- 1tab OD with water- after food
- *Mahatiktak Ghrit*- 1tsf BD with lukewarm milk, Tea, or water- empty stomach
- Tab *Kaishora Gugglu*- 1tab BD with lukewarm water- after food
- A tab containing *Neem, Giloy, Amaltas, Nagarmotha, Karanja, Indrajau, Daruhaldi, Ras Manikya* -1tab BD with water- after food

External application

- A cream containing *Shuddha Gandhaka, Tankan, Hartal, Ras Karpoor, Karanja oil, Neem oil, Bakuchi oil*, and *Elovera* mix with *Marichyadi Tail*- Up to 2 times locally apply on the affected area.
- *Chakra Marda Beeja Churna*—Mix with Buttermilk, keep it for the whole night, apply locally to the affected area the next morning, and wash it after 15-20 minutes.

Following the start of treatment, the patient was scheduled for follow-up appointments every 15 days at the OPD. This approach allowed for a comprehensive assessment of the patient's progress after treatment.

RESULT AND OBSERVATION

This protocol is followed for 6 to 7 months, during which the patient is advised on all do's and don'ts. After completing the medicinal treatment, there was a significant improvement in the patient's signs and symptoms. The patient experienced 80% relief, which is quite good; however, to achieve complete relief, they are also undergoing additional treatment. Follow-up photographs also reflect notable enhancement in the lesions.



Images before treatment



Follow up images 1st after treatment



Follow up images 2nd

DISCUSSION

According to *Ayurveda*, Epidermal Nevus is identified as *Charmakeela*, which *Acharya Sushruta* has categorized under *Kshudra Roga*.⁷ *Sushruta* explains that the vitiation of *Vyana Vayu*, when aggravated and combined with *Kapha*, leads to the formation of immovable, peg- or nail-shaped sprouts on the skin's surface, referred to as *Charmakeela* or *Arsha*. These growths cause pricking pain due to the influence of *Vata*. Their knotty appearance and color closely resemble the surrounding skin, attributed to *Kapha*. The combination of vitiated *Vyana Vayu* and *Kapha* further results in the affected area's *Toda* (pricking pain) and *Parushata* (roughness).^[8]

In this case, the *Doshas* involved were *Vata*, *Pitta*, *Kapha*, and *Rakta*, while the *Dūṣhya* affected included *Rasa Dhatu*, *Rakta Dhatu*, and *Mams Dhatu*. The pathological progression (*Dosha-Dushya Sannurchhana*) occurred due to the circulation of vitiated *Doshas*, with their *Sthana Samshraya* (site of pathological changes) manifesting in the skin. This resulted in the clinical features of verrucous Epidermal Nevi (*Vyadhi Lakshanas*). The treatment approach aimed at breaking the disease pathogenesis (*Samprapti Bhedana*) by adopting a protocol focused on *Pitta-Kaphahara* measures. Additionally, therapies to enhance digestive fire (*Agnidipana*), eliminate toxins (*Ampachana*), and improve blood quality (*Rasa Prasadana* and *Rakta Prasadana*) were implemented using internal *Ayurvedic* medicines.

One of the primary contributing factors identified was the intake of incompatible foods (*Viruddha Ahara*), which plays a significant role in the etiology of skin diseases. The patient consumed excessive salty and sour foods, old butter and curd, spicy items, and incompatible combinations like milk products with salty snacks. These dietary practices aggravated the condition. Furthermore, while the patient was using modern medications, they did not address these causative factors, resulting in only temporary relief with recurring episodes.

In this case, a strict dietary regimen (*Pathya*) was prescribed alongside *Ayurvedic* medicines as a corrective and preventive intervention. This approach aimed to achieve a better therapeutic response, expedite recovery, and minimize the recurrence of chronic skin ailments.

- **Arogyavardhini Vati**- *Arogyavardhini Vati* is primarily composed of *Loha*, *Abhrak*, *Tamra*, *Shilajit*, *Guggul*, *Chitrak*, and *Kutki*. In addition, it includes *Triphala Kajjali* and *Nimba Patra Swaras*. These ingredients possess properties such as *Vatnashak*, *Pachak*, *Dipak*, *Vishaghna* (detoxifying), and *Jantughna* (antimicrobial). Recognized as an excellent remedy for skin diseases, *Arogyavardhini Vati* enhances digestion, clears bodily channels, and supports tissue health. It achieves this by balancing fat metabolism and eliminating toxins through its action on the digestive system.^[9]
- **Mahatiktak Ghrit**- *Mahatiktak Ghrit*, used for *Sneha Pana* (internal oleation), acts as a

Raktashodhaka and facilitates the movement of vitiated *Doshas* from the *Shakha* (peripheral tissues) to the *Koshtha* (gastrointestinal tract) for elimination. Due to its *Sukshma* (subtle) property, the solution penetrates to the cellular level, aiding in the removal of lipid-soluble toxins. Neem has also incorporated its well-known *Rakta Shuddhi kara* (blood-purifying) properties, further enhancing the detoxification process.

- **Kaishora Gugglu-** *Kaishora Gugglu*, is known for its ability to balance *Pitta* and *Kapha Doshas*, making it beneficial in managing skin-related conditions. Its anti-inflammatory, detoxifying, and wound-healing properties may help in alleviating symptoms associated with epidermal nevus, such as inflammation and discomfort. Additionally, its blood-purifying action can support the management of underlying *Dosha* imbalances that contribute to skin growths like *Charmakeela*.
- **Marichyadi Tail+ cream-** *Marichyadi Taila*, with its anti-inflammatory, antimicrobial, and keratolytic properties, helps in reducing skin irritation, softening the lesions, and promoting detoxification. Its ability to balance *Pitta* and *Kapha Doshas* can support the reduction of abnormal skin growth and improve overall skin health. The cream which contains *Shuddha Gandhaka*, *Tankan*, *Hartal*, *Ras Karpoor*, *Karanja oil*, *Neem oil*, *Bakuchi oil*, and *Elovera* is often used for its skin-healing and protective properties, and may further enhance the benefits by providing nourishment to the skin, preventing dryness, and reducing any associated inflammation. The cream's ingredients, typically rich in herbal extracts and oils, can promote skin regeneration and help soothe the affected areas.
- **Chakra Marda Beeja Churna+ Butter Milk-** This *Churna* is believed to have purifying effects on the blood and skin, helping to reduce inflammation and promote the resolution of abnormal skin growths. When used topically, it can potentially help soften the lesions and reduce irritation associated with conditions like *Charmakeela*. Buttermilk, which is cooling and soothing, enhances the effects of *Chakra Marda*. It has hydrating properties can help moisturize the skin while reducing inflammation and redness. Additionally, buttermilk contains lactic acid, which can act as a mild exfoliant, promoting gentle skin regeneration and softening the hardened lesions.

The combination of these two ingredients, when applied locally, may support the reduction of the lesions' size, help manage the discomfort, and improve overall skin texture.

CONCLUSION

Verrucous Epidermal Nevi are cutaneous hamartomas, which may be congenital but often present after birth in more than 50% of cases. These abnormalities result from a defect in the ectoderm, the outer embryonic layer responsible for forming the epidermis. In *Ayurveda*, *Charmakeela* is analogous to Epidermal Nevi based on symptom similarity. It is believed to occur due to the vitiation of *Vyana Vayu* combined with *Kapha*. The treatment was carried out based on the symptoms and the imbalanced *Doshas*, and the results were observed.

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