

A case study on Ayurvedic management of Seborrhoeic Keratosis with special reference to Charmakeel

Case Report

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Abstract

Seborrhoeic keratosis is a typical, benign disorder that affects the ageing population. In *Ayurveda* it can be compared with *Charmakeel* which is one of the types of *Kshudraroga*. *Acharya Sushruta* described several therapy methods such as the internal administration of medication, external application, and para-surgical techniques in the treatment of *Charmakeel*. In present case report 26 years old female patient visited in OPD complaining of two thick, black patches on right ankle joint with mild itching since 6 months. The case was diagnosed as *Charmakeel*. Patient was treated with *Shamana Chikitsa Mahamanjishthadi kashay*, *Aarogyavardhini Vati*, *Punarnavadi mandur*, *PanchtiktaGhrut guggul* as internal medication and *Panchvalkaladi taila* for local application. Treatment was given for two months and *Shodhana Chikitsa (Raktamokshana by Jalauka)* was carried out at every 15 days interval during treatment. Patient reported with significant results. Follow-up was taken upto 6 months and patient had no any complaints or recurrence. This case shows that *Ayurveda* can treat keratosis effectively and without any side effect.

Keywords: Seborrhoeic Keratosis, *Charmakeel*, *Kshudraroga*, *Shamana Chikitsa*, *Panchvalkaladi taila*, *Jalaukavacharana*.

Introduction

Skin diseases are common and important because of the absence of normal skin function, as well as sometimes they become life threatening. People with skin disease often suffer the effects of social stigma. They affect all ages and there are more than 2000 different types and presentations.

Keratosis is an accumulation of keratin on the skin or mucous membranes. Keratin comes from keratinocytes, which is a predominant cell type of epidermis. One of the types of keratosis is Seborrhoeic keratosis (Seborrhoeic warts). It is defined as a benign epidermal tumour, frequently pigmented. It usually seems brown, black, or light tan in colour. The lesions (growths) have a waxy or scaly appearance and are elevated. Most common sites are face, neck, chest, or back. It tends to occur more commonly as people grow older. (1) It is non-contagious disease and does not harm the patient.

On the basis of clinical features this condition can be correlated to *Charmakeel* which is one of the *Kshudraroga*. The terms *Kshudraroga* is used in *Ayurveda* to refer to skin problems. It is a group of disorders for which *Nidana*, *Lakshan*, and *Chikitsa* are explained briefly. *Acharya Sushruta* has explained 44 *Kshudrarogas* in *Nidanasthana*. (2) These skin conditions are *Indralupta* (alopecia), *Palitya* (premature greying of hairs), *Yuwanpidika* (acne vulgaris), *vyanga* (melasma), *Darunaka* (dandruff), *Jatamani* (birth mark), *Kunakha* (discoloration of nails) etc. of present era. They can be classified according to their site on the body. *Charmakeel* falls in the category of *Kshudrarogas* that can occur anywhere in body.

Similarity between Seborrhoeic keratosis and *Charmakeel* is shown in the table below.

Table 1

S r. No.	Seborrheic keratosis-Symptom(1)	Charmakeel-Symptom(3)
1	Flat or a raised bump	Granthi rupa
2	Vary from yellow to black colour	Krushnatva
3	Waxy or scaly	Ruksha, Shlakshana

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Acharya Sushruta has described *Charmakeel* under the head of *Kshudrarooga* and *Arsharoga* both, but a detail and separate description of the disease has given in the chapter of ‘*Arsha*’. In the pathogenesis of this disease vitiation of *Vyana Vayu* and *Kapha* takes place. As a result, hard nail structures called *Charmakeel* are formed over the skin. The features are described on the basis of domination of the *Doshas*. In a *Vata*-dominant *Charmakeela*, the patient experiences prickling pain; in a *Kapha*-dominant *Charmakeela*, it appears as a nodule without changing the skin's colour; and in a *Pitta*-dominant *Charmakeela*, due to the vitiation of *Rakta* (blood), it is blackish in colour, dry, oily, and hard in texture. (3)

Being a benign condition, Seborrhoeic keratosis does not require any treatment. It is typically removed for aesthetic purposes or when the patient experiences persistent irritation and pain from the lesions. The majority of patients still receive some sort of therapy for these lesions, nevertheless. (4) There is variety of therapies in current treatment modalities to treat these lesions. But after these therapies, side effects are often seen in the patient. In *Ayurveda* there are many medications and therapies mentioned to treat *Charmakeel*. Some of them are used to cure the case in the present case study with the hope of giving safe and permanent relief without recurrence.

Aims and Objectives

Study of management of Seborrhoeic keratosis with special reference to *Charmakeel*.

Material and Methods

Case Report

A 26 years old female patient came to the OPD on date 22/08/2018 with

Chief complaints

- Two thick, black patches on right ankle joint
- Mild Itching

History of present illness

She was apparently normal before 6 months, gradually she noticed a blackish patch on her right ankle joint; 4 months later, she noticed another patch on the same ankle joint. These patches were left untreated. She felt mild itching on those patches 15 days before consultation.

Past History

No H/O Hypertension, Diabetes mellitus and any other surgical illness. No H/O Trauma or accidental injury

Family History

No H/O any significant family history

General examination

- General condition -Fair
 - Afebrile
 - Pulse –84/min.
 - B.P. - 130/80 mm of Hg
 - R.R. – 20/min.
 - Temp. – 98.4^oF
 - Weight – 50 Kg
- No pallor; No icterus

Local examination

- Two patches of varying size
- Shape –Round, uniform
- Size - Big patch - 3x3 cm; small patch – 0.7x0.7 cm
- Elevation of big patch – 3 to 4 mm
- Colour – Black

On palpation

- Dryness – Present
- Local temperature - Normal
- Tenderness - Absent

Table 2: Ashtavidha Parikshana

<i>Nadi</i> : 84/min. <i>Vatapittaj</i>	<i>Shabda</i> (Speech): <i>Spashta</i>
<i>Mutra</i> (Urine): <i>Samyaka</i> . 5-6 times per day	<i>Sparsha</i> (Skin): <i>Samshitoshna</i>
<i>Mala</i> (Stool): <i>Samyaka</i> , once in a day	<i>Druk</i> (Eyes): <i>Prakrut; No Netra Panduta and Peetata</i>
<i>Jivha</i> (Tongue): <i>Nirama</i>	<i>Akriti</i> (Body Built): <i>Madhyam</i>

Table 3: Criteria for gradation of symptoms

Symptoms	Grade 0	Grade 1	Grade 2	Grade 3
Black colour lesion over skin	Normal skin	Faint black colour lesion over skin	Moderate black colour lesion over skin	Deep black colour lesion over skin
Dryness	Absent (No line on scrubbing with nail)	Mild (Faint line on scrubbing by nails)	Moderate (Lining on scrubbing by nail and itching)	Severe (leading to crack formation)
Elevation above skin	Absent (No elevation)	Mild elevation (Slight elevation that cannot be felt)	Moderate elevation (Elevation can be felt but in some lesions)	Severe elevation (Elevation in all lesions)
Itching	Absent	No disturbance while doing work	Disturbs the work	Severe Itching

Table 4: Treatment given

Medicine	Dose	Anupana	Route
<i>Mahamanjishthadi kashay</i>	15ml BD after meal	-	Oral
<i>Arogyavardhini Vati</i>	500mg BD after meal	<i>Koshna jala</i>	Oral
<i>Punarnavadi mandur</i>	250mg BD	<i>Koshna jala</i>	Oral
<i>PanchtiktaGhrut guggul</i>	2 BD	<i>Koshna jala</i>	Oral
<i>Panchvalkaladi taila</i>	2 times in a day(After bath and at bed time)	-	Local application
<i>Jalaukavacharana</i>	Totally 4 times applied at 15 days interval during treatment		

Duration of treatment: 60 days.

Follow up: After 15 days.

Table 5: Observations

Symptoms	Day 1	Day 15	Day 30	Day 45	Day 60
Black colour lesion over skin	3	3	2	2	1
Dryness	3	2	1	1	0
Elevation above skin	3	2	2	1	0
Itching	1	0	0	0	0

Clinical images



Discussion

This is a case of Seborrhoeic keratosis (Seborrhoeic warts) which can be compared with *Charmakeela*. *Charmakeela* is one of the *Kshudraroga* that can occur anywhere in body. According to *Acharya Sushrut*, *Charmakeel* is formed due to vitiation of *Vata-Kapha*. When *Pitta* is dominant, it appears blackish in color and dry due to vitiation of *Rakta dhatu*.

In this case study, *Dushti* of *Pitta* along with *Rakta dhatu* and *dushti* of *Vata dosha* is observed. All these kept in mind the line of treatment is planned to alleviate *Pitta dosha*, *Rakta dhatu* and *Vata dosha* i.e. *Vata-Pittashamak* and *Raktashodhak*.

Shaman and *Shodhana chikitsa* was given in this case. In *Shaman Chikitsa*, oral medications such as *Arogyavardhini vati*, *Mahamanjishthadi kashay*, *Punarnavadi mandur*, *PanchtiktaGhrut guggul* were given and local application of *Panchavalkala taila* was used; while *Shodhana Chikitsa* was done in the form of *Raktamokshana (Jalaukavacharana)*.

Mode of Action of Treatment

1. *Arogyavardhini vati* (5)(6)

It is herbomineral preparation having *Kushthaghna* properties. It can alleviate all types of skin disorder. It helps in the purification of blood and also in

formation of proper *Dhatu*s. The major ingredient is *Kutaki* which helps in elimination of *Dushita Pitta* and *Rakta*.

2. *Mahamanjishthadi kashay* (7)

It is a herbal decoction mentioned in *BhaishajyaRatnavali* containing *Manjistha (Rubia cordifolia Linn.)*, *Haritaki (Terminalia chebula Retz.)*, *Bibhitaki (Terminalia bellerica Roxb.)*, *Amalaki (Phyllanthus emblica Linn.)*, *Kiratiktika (Swertia chirayita Rox. Ex Flem.)*, *Vacha (Acorus calamus Linn.)*, *Nimba (Azadirachta indica A.Juss.)*, *Daruharidra (Berberis aristata DC.)*, *Amrita (Tinospora cordifolia Miers ex Hook. f. & Jhoms)*. As it has the property of *Raktaprasadana* it was included in treatment for discolouration of the hyper pigmented patches.

3. *Punarnavadi mandur* (8)

It is a natural diuretic. It purifies blood by detoxifying it and removing impurities.

4. *PanchtiktaGhrut guggul* (9)

Most of ingredients of *Panchatikta Ghruta Guggulu* are *Tikta Rasatmaka*; having *Laghu* and *Ruksha Guna*. *Tikta Rasa* possesses *Lekhana* property.

(10). It mostly affects body wastes (*kleda*), fat, plasma, *Rakta*, *Pitta*, and *Sweda*. *Ghrita* is a *Vata-pittashamaka*, *Balya*, *Agnivardhaka*, *Madhura*, *Saumya*, *SheetaVirya*, *Shula*, *Jwarahara*, *Vrishya* and *Vayasthapaka*. (11)*Guggulu* is one of the major *Vatashamaka Dravya*. It has also got the property of *Lekhana*. All of this medication's effects on skin cells result in a reduction in keratinization of the skin layer. As a result, the cell cycle is improved and symptoms like itchiness, dryness, and raised black patches are diminished.

5. *Panchavalkala taila* (12)

The major ingredients of this drug are *Vata* (*Ficus bengalensis* Linn.), *Udumbara* (*Ficus glomerata* Roxb.), *Ashvatha* (*Ficus religiosa* Linn.), *Parisha* (*Thespesia populnea* Linn.), *Plaksha* (*Ficus lacor* Buch. Ham.), *Haridra* (*Curcuma longa* Linn.), *Anantmoola* (*Hemidesmus indicus* R. Br.). It possesses qualities of *Varnya*, *Raktashodhak*, *Raktapittahara*, *Kushthaghna*, *Visarpahar*, and skin disorders with secretions, so it is useful in the therapy.

6. *Jalaukavacharana* (Leech Therapy)

It is regarded as the most effective method of *Raktamokshana* which is included under *Panchakarma*. It is indicated in *Raktapradoshaj Vikara* such as *Gulma*, *Arsha*, *Vidhradi*, *Kushta*, *Vatarakta*, *Visarpa* and *Twakavikara*. (13)(14) After applying *Jalauka*, impure blood is expelled, which causes the local vitiated *Doshas* (toxins and undesirable metabolites) to be eliminated. Similarly, it facilitates fresh blood supply and formation of healthy tissues. (15)

Above all medications are having properties of *Raktapittahar* and *Vatahara*. Treatment was given for two months and follow up was taken after every 15 days for assessment. After one month, patient showed 40% relief in symptoms. After another one month of treatment, patient showed the significant improvement (about 85-90%) in her symptoms which were shown in observation table. Patient showed marked relief for dryness and elevation of the patches. After application of two big size *Jalaukas* at the site at 15 days interval blackish discoloration was reduced.

Patient was followed up to the 6 months after treatment and no signs of recurrence or complications were observed.

Conclusion

After clinical assessment for 60 days with *Ayurvedic* treatment of mentioned oral drugs and local applications along with *Shodhana Chikitsa* patient get relief about 90 %. This case study proved that combined

Ayurvedic treatment i.e. *Shaman* and *Shodhana Chikitsa* is potent and efficient in treatment of *Charmakeel*. No adverse effect was found in the patient during and after the treatment.

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