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## **ROLE OF AGNI KARMA IN THE MANAGEMENT OF CHARMAKEELA W.S.R. TO EPIDERMAL NEVUS: A CASE STUDY**

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### **ABSTRACT**

Epidermal Nevi are benign, hamartomatous growths of the skin that are present at birth or develop in early childhood. They may be composed of a variety of epidermal cells and structures, including keratinocytes, sebaceous glands, hair follicles, apocrine and eccrine glands, and smooth muscle cells, and are thought to represent a form of cutaneous mosaicism. These nevi may be classified into a number of distinct variants, which are based on clinical morphology, extent of involvement, and the predominant epidermal structure in the lesion. Variants include Verrucous Epidermal Nevus, nevus sebaceous, nevus comedonicus, eccrine nevus, apocrine nevus, Becker's nevus and white sponge nevus. A single case study of 22 years old male patient complaints of multiple dark coloured warty papules arranged in a linear pattern over the right side of the neck since 10 years is presented here which was diagnosed with Epidermal Nevus. In Ayurveda, it can be compared with Charmakeela on the basis of symptomatology and treatment. Acharya mentioned Agni Karma, Kshara Karma and Chhedana Karma for the management of Charmakeela. For the present case Agni Karma was preferred over Kshar Karma and Chhedana Karma because according to Acharya Sushruta diseases treated by Agni Karma will not recur again and also because those diseases which are incurable by the use of Bhesaja (medicines), Shashtra (Sharp instruments) and Kshar Karma (Alkalies) will be cured by Agni Karma, and gives cosmetically accepted scar.

**Keywords:** Epidermal Nevus, Hamartomatous growth, Agni Karma, Kshara Karma, Chhedana Karma, Charmakeela etc.

## INTRODUCTION

Verrucous Epidermal Nevi consist of hyperplasia of the surface epidermis and typically appear as verrucous papules that coalesce to form well-demarcated, skin colored to brown, papillomatous plaques. Most lesions are present at birth or develop during early infancy, they enlarge slowly during childhood and generally reaching a stable size at adolescence. Lesions may be localized or diffuse. Linear configurations are common, especially on the limbs, and may follow skin tension lines, or Blaschko's lines.<sup>1</sup>

Epidermal Nevi occur in approximately 1 to 3 per 1000 live births, males and females tend to be equally affected.<sup>2</sup>

Histology of Verrucous Epidermal Nevi shows hyperkeratosis, acanthosis and papillomatosis. Epidermolytic hyperkeratosis may be noted in diffuse cases, and less commonly, in localized Epidermal Nevi. Verrucous Epidermal Nevi, especially if extensive, may be associated with the Epidermal Nevus syndrome, a disease complex consisting of various developmental abnormalities of the skin and eyes, as well as the central nervous, skeletal, cardiovascular, and urogenital systems. Rarely, malignant transformation to basal cell and squamous cell carcinomas may be seen.

Nevus sebaceous includes many of the surface findings of Verrucous Epidermal Nevus, but also contains malformations of the dermis, most prominently, hyperplasia and malpositioning of the sebaceous glands. These nevi almost always occur on the scalp or face and are present at birth as yellow, hairless, thin plaques. At puberty, in response to androgens, they tend to become raised and verrucous.

Histopathologic changes consist of enlarged sebaceous lobules and apocrine glands, slight epidermal changes, and a decreased number of malformed and misoriented follicular units. The development, generally in adulthood, of a variety of benign and malignant tumors in nevus sebaceous is much more common than in Verrucous Epidermal Nevi. The most common benign tumor is syringocystadenoma papilliferum and the most common malignant tumor is basal cell carcinoma.<sup>3</sup>

In modern medical science both medical and surgical treatments have been used for the management of Epidermal Nevi.

1. Topical application of chemical agents like salicylic acid.
2. Corticosteroid therapy- these potent anti-inflammatory agents are used topically and by interlesional injection.
3. Oral retinoids- have an anti-proliferative action on the epidermis, but their use must be life long to prevent recurrence.
4. Cryosurgery- usually with liquid nitrogen. Healing is very slow, a high risk of infection, swelling and postoperative discolouration around the site of treatment.
5. Laser treatment
6. Surgical excision- gold standard for the treatment of small epidermal nevi. It may not be possible if the nevus originates too deeply. Scarring is significant.<sup>4</sup>

According to Ayurveda, Epidermal Nevus can be correlated with Charmakeela. The pathogenesis of this disease due to vitiation of Vata along with Kapha over the skin causes the development of hard nail structures called Charmakeela.<sup>5</sup>

According to Vagbhata, Vyana Vayu along with Kssapha produces Arsha on the exterior of the skin, which resembles the nail, immovable, hard in nature is called as Charmakeela.<sup>6</sup>

Sushruta has described the features of Charmakeela on the basis of domination of the Doshas. In Vata dominated Charmakeela, patient senses Toda (pricking pain), in Kapha domination it looks like lump without changing the color of the skin and in Pitta dominated Charmakeela due to vitiation of Rakta, it looks blackish in color, oily, dry and hard in nature<sup>5</sup>.

Acharya Sushruta has described Charmakeela under the heading of Kshudra roga. Treatments mentioned in Sushruta Samhita for Charmakeela are:

- Agni Karma (Thermal cauterization)<sup>7</sup>
- Kshar Karma (application of caustic alkali)<sup>8</sup>
- Chhedana Karma (Excision)<sup>9</sup>

## CASE PROFILE

A 22 years old male patient having complaints of multiple dark coloured warty papules arranged in linear fashion over the right side of neck since last 10 years came to O.P.D. of Shalya Tantra department at Govt. P.G. Ayurveda College and Hospital, Varanasi on 16 Feb 2019. The skin lesions have no relation with seasonal variation. He also had a complaint of psychological trauma due to above mentioned complaint. There were no pruritus, erythema or associated skeletal or neurological defects. Patient had a history of oral medication once but he did not experience any relief with that. Local, general and systemic examination was carried out and patient was diagnosed with Verrucous Epidermal Nevus (Charmakeela) and advised for Agni karma.

Before Agni karma routine blood investigation, blood sugar, HIV, HbsAg, HCV and Chest X-Ray were done and observed with in normal range.

## PROCEDURE

### PRE OPERATIVE PROCEDURE:

Patient was advised to take Picchila Anna (slimy food) before Agni karma as described by Sushruta, since being Sheeta and Mridu (cold in potency and soft), it alleviate the effects of aggravated Pitta and because of its Balya, Jivaniya, Sandhaniya and Guru guna, it delivers adequate strength to the patient to easily undergo the procedure.<sup>10,11</sup> All the materials and instruments required for the procedure of Agni karma like shalaka, heating device, turmeric powder, aloe vera leaf, triphala Kwath/nimba Kwath or any antiseptic solution, gauze piece, sponge holder were collected and written consent of the patient was taken after explaining all about the procedure. Then patient was placed on proper position for well exposure of skin lesion. The site was cleaned with triphala kwath and wiped with dry sterilized gauze piece to attain asepsis.

### OPERATIVE PROCEDURE:

After draping the surrounding area, red hot Agni karma Shalaka (metal rod) was applied in Bindu (pointed) type Dagdha (cauterisation) on Charmakeela (Epidermal Nevus) upto Samyak Dagdha lakshanas appearance. Sushruta has described Samyak Dagdha (properly cauterised) lakshana as Anawagadha (not deep), Susamsthita Vrana (without elevation or

depression), Talphala Varnata (blue black in colour), Twaksankocha (constriction of skin).<sup>12</sup> Proper precautions were taken to evade Asamyak Dagdha (improper cauterised).



**Figure-1** (before Agni karma)



**Figure-2** (1<sup>st</sup> sitting )



**Figure-3** (after 1<sup>st</sup> sitting)



**Figure-4** (after 4<sup>th</sup> sitting)

#### **POST OPERATIVE CARE:**

Mild and tolerable burning sensation was observed during the procedure. Aloe vera pulp was applied on the Agni Karma site to get relief from burning sensation. Patient was advised to leave open the site and to avoid wetting the site upto 24 hours that may provoke post-operative infection.

This procedure was repeated 4 times at the interval of 7 days for complete cure.

He was also advised to take ayurvedic formulation-

1. **Arogyavardhini vati** - 250 mg BD (Kushtha roga – skin diseases, R.R.S.-20/87-93).
2. **Nimbadi Churna** - 3 gm (Twaka roga- skin diseases, Bh. Ratnavali-27/28-35 and **Shuddha Gandhak** - 250 mg (Kushtha roga, R.R.S.-3/36,37) - Twice a day
3. **Jatyadi Taila** - local application on dagdha vrana twice in a day upto normal skin appearance. (Nadi vrana, Kachchu, Dagdha vrana-cauterized wound, Dushta vrana, Sha. M.-9/169-172).

## DISCUSSION

In this case patient gets cured after 4 sitting of Agni Karma. According to Ayurveda Epidermal Nevus is considered as Charmakeela. Acharya Sushruta has defined Charmakeela under the heading of Ksudra roga.<sup>13</sup> Agni Karma is indicated for the management of Charmakeela in chapter-12 "*Agnikarmavidhi Adhyaya*". Acharya Sushruta has given superior place to Agni Karma as compared to Kshar Karma as cases cured with Agni Karma chances of reappearance are rare. It causes coagulation and closure of bleeding vessels and thus helps in haemostasis. Diseases which are incurable by the use of Bhesaja (Medicines), Shashtra (Surgical intervention), and Kshara (Alkalies) will be cured by Agni Karma (thermal cautery). It also removes disease from its root and so considered to be superior.<sup>14</sup> Agni has sterilizing property, so it is useful in minimizing microorganisms load in the Dagdha Vrana (cauterised wound). Acharya Sushruta states that the vitiated Vyana Vayu getting aggravated and combining with Kapha gives rise to peg or nail shaped, immovable sprouts in the exterior of the skin, these are called as Charmakeela or Arsha. Charmakeela give pricking pain because of Vata, the growth has knotty shape and the color of lesion is similar to the surrounding area of the skin is due to Kapha. The vitiated Vyana Vayu along with kapha gives Toda (pricking pain) and Parushata (roughness).<sup>15</sup> Agni karma helps in decreasing pain by alleviating the vitiated Vata. Agni is helpful to reduce Sheetha Guna of Vata and Kapha by virtue of Ushnata (Heat). According to Ayurveda, every Dhatu (tissue) has its own dhatwagni and when it becomes low, disease begins to occur. Agni Karma

works by giving external heat, thereby increasing the dhatwagni which helps to digest the aggravated doshas and hence cures the disease.<sup>16</sup>

## CONCLUSION

Verrucous Epidermal Nevi are cutaneous hamartomas. This may be congenital, although in over 50% of cases the onset is after birth. The abnormality arises from a defect in the ectoderma, an outer layer of the embryo that give rise to epidermis. According to Ayurveda Charmakeela correlates with Epidermal Nevi on the basis of symptoms. This is occur due to the vitiation of Vyana Vayu along with Kapha. Agni Karma is a therapy to give best results in local involvement of vata in Vata Kaphaj disorder. It is a very simple procedure and affordable to the common person. It prevents recurrence. The symptoms cured completely. It can be done in OPD basis also. This case study concluded that Agni Karma is very effective procedure to cure Charmakeela. It cured Charmakeela (Epidermal Nevus) completely by burning and destroying the warty/hyperkeratosis tissue.

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