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## CHARMAKEELA: A CASE STUDY

**Dr. Manjunath S Naregal**

Assistant Professor, Department of Shalyatantra,

S.D.M. Institute of Ayurveda Bengaluru- Karnataka, India

Email ID: mahamanjunathnaregal@gmail.com

### ABSTRACT

**Back ground:** Charmakeela is a common disease encountered in a surgical practice .We gets the reference of this as charmakeela in sushruta samhitha which almost dates back to 1500 BC.

Charmakeela is a variety of Kshudra Roga. Acharya Sushruta explained that aggravated Vyanavayu along with Kapha gives rise to peg like; immovable sprouts on the skin called as Charmakeela/Twagarsha. <sup>1</sup>

In contemporary science, it can be compared with warts which are the hyperplasia of all the layer of epidermis with acanthosis, papillomatosis and hyperkeratosis interspersed with area of parakeratosis. <sup>2</sup>

Charmakeela (warts) is a disease confined to body surface, it is bothersome due to its common occurrence in hands, higher incidence of 7-10% of the population with the recurrence rate of 48% and poor cosmetic aspects. In spite of having different modalities of treatment for warts, a promising therapy to cure and prevent its recurrence is still an essential goal to be accomplished.

Since agnikarma is having ushna guna, it acts against the qualities of vata and kapha dosha, there by cures vataja and kaphaja disorders and prevents the recurrence. Hence acharya Sushruta and Vagbhata have advocated agnikarma as one of the treatment modalities for charmakeela.

**Key Words:** - Agnikarma, Charmakeela, cosmetic value, recurrence.

## **INTRODUCTION -**

Warts are commonly known as verrucae and occur when the skin is infected by Papilloma virus of the papo virus group.

Papilloma viruses are DNA viruses which grow only in epidermis, thus it has been known for decades that source of infection can be transmitted by cell free filtrates from other individuals.<sup>2</sup>

It may persist in latent form and may be reactivated later leading to recurrence of lesion. More than 150 types of HPV have been identified and some types have a role in the oncogenesis of cutaneous malignancies.<sup>3</sup>

In contemporary science, currently available treatment modalities include Cryosurgery, Laser surgery, Electrosurgery, Bleomycin, Curettage and Topical Keratolytic applications. Many of them likely to be very painful and unsightly. Even with these therapeutic modalities the recurrence rate goes upto is recurrence of warts.<sup>4</sup>

The description of warts is mentioned in Ayurveda under Kshudra rogas as Charmakeela. Various references are available regarding Charmakeela and the clinical features and description is similar to the above disease. <sup>5</sup>

Acharya sushrutha explained that the aggravated Vyana vayu along with Kapha which gives rise to peg like, immobile sprouts on the skin called as Charmakeela/Twagarsha.

The procedure, which is performed with the help of Agni is called Agni karma. this treatment is indicated by Acharya Sushrutha and Acharya Vagbhata as a treatment modality for Charmakeela which helps to avoid its recurrence. <sup>6,7</sup>

## **CASE REPORT-**

A 19 years old male patient was referred to Shalyatantra OPD of SDM Ayurveda Hospital Udupi with the complaint of disfiguring skin lesion in the right ankle joint since 2 years. He noticed a lesion in the right ankle joint 2 years back which is associated with mild pain and itching and no discharge. Later the lesion was gradually increased in size. history was not significant for No similar lesions over the body, unprotected sex and D.M./ HTN. On physical examination the lesion appeared light brown color and measuring 1x1x0.5 cms

and spherical, irregular and rough surface , pedunculated, mildly tender and hard in consistency.

### **Materials required:**

The following materials were made use for doing the Agni karma.

1. Thermal cautery for Agnikarma.
2. Betadine lotion 5%
3. Sterile cotton.
4. Surgical Spirit.
5. Grutha(Ghee)
6. Madhu(Honey)



**Fig. 5 Showing Thermal cautery**

### **Intervention:**

The patient after having partaken pichila anna( curd rice) as a preoperative measure, was made to lay down in supine position.the ankle area was prepped with Betadine lotion and spirit and draped. The lesion was subjected to Agnikarma till samyak dagda lakshana (Shabda pradurbhava, Daurgandya, Twak sankocha) were seen. Later the area was anointed with the mixture of Grutha and Honey. Advised to maintain local cleanliness. He was observed on 2nd, 3th, 5th and 7th day, and follow-up on 30th, 60th day for Scar and recurrence.

## OBSERVATION AND RESULT:

## OBSERVATION DURING TREATMENT:

Assessment Criteria	Before therapy (Day 1)	24hrs of therapy (Day 2)	Day3	Day5	Day7	Day30	Day60
<b>Subjective Criteria</b>							
Pain	1	1	2	2	1	-	-
Burning Sensation	0	1	2	2	2	-	-
Itching	1	0	2	1	1	-	-
<b>Objective Criteria</b>							
Tenderness	2	2	3	3	3	-	-
Discharge	0	1	1	1	0	-	-
Epithelialization	0	1	2	3	3	-	-
Scar	-	-	-	-	-	2	2
Recurrence of Wart with average diameter	-	-	-	-	-	NR	NR

NR-not recurred.

## OBSERVATION IN THE SITE OF THE LESION AFTER 60 DAYS :

1. Normal texture of skin maintained.
2. Scaring with average diameter 1 cm.
3. Recurrence with average diameter nil.

## **DISCUSSION -**

Warts are usually seen in children and young adults, commonly on the fingers and hands.

They appear as round or oval elevated lesions with rough surfaces composed of multiple rounded or filiform keratinized projections. They may be skin colored or grey to brown.

Warts are caused by a virus and are autoinoculable, which can result in multiple lesions around the original growth or frequent recurrences following treatment, if the virus is not completely eradicated.

Treatment by electro-desiccation is effective but is frequently followed by slow healing. Surgical excision alone is not recommended, because of wound may become inoculated with the virus, leading to recurrence in and around the scar. However surgical excision in conjunction with electrodesiccation, can be an effective form of treatment.

Recurrence remain a common problem; therefore, it is reasonable to delay treatment of asymptomatic lesion for several months to determine if they will disappear spontaneously.<sup>90</sup>

To put it in nutshell, the description of warts is mentioned in Ayurveda under Kshudra rogas as Charmakeela. Various references are available regarding Charmakeela, where the lakshanas are similar to the warts. Considering the above aspects a patient was subjected to Agnikrama with thermal cautery.

It has been demonstrated that before treatment patient had mild pain on touch. the warts causes pain especially when base located very deep. That is due to irritation of nerve endings. It may be due to frequent attempt made by the patient to pick them off. After Agnikarma as a part of inflammatory process pain increased and reduction of pain was observed with the healing of the wound. The vedana is mainly due to the involvement of pravruddha Vata dosha.

Daha is due to involvement of pravrudha pitta dosha (Vranoshma). Burning sensation gradually subsides as wound inflammation decreases and wound heals, this is better

achieved by applying mixture of Madhu and Grutha. this is due to Mixture of Madhu and Grutha were having Pitta shamana property was applied as paschat karma.

On the follow- up period 30th day there was complete absence of pain, burning and itching.

Before treatment the patient was having tenderness. during the completion of observation period tenderness was almost reduced. during the completion of observation period discharge was almost reduced.

On the follow- up period 30th day there was complete absence of tenderness and discharge.

By the completion of 7 th day of observation period wound was completely epithelialized, As shown in the scar table, the average scar dimension on 30th day after treatment was 2mm. The scar shows a normal texture of the skin maintained.

## CONCLUSION

- The warty lesion which is just cauterized and not excised through cautery had a recurrence and Excision of the wart through thermal cautery (Agnikarma) was found to be more effective than mere cauterization of warts.
- Patient was treated with Chedana karma with thermal cautery helps in the prevention of recurrence of Charmakeela with a cosmetically acceptable scar.
- Patient not presented with hypertrophied scar/keloid as observed in the follow-up for one year.



BEFORE TREATMENT



DURING TREATMENT



AFTER TREATMENT



AFTER 1 YEAR

Table No. 4 - Subjective criteria:

	<b>Vedana (Pain)</b>	<b>Daaha (Burning sensation)</b>	<b>Kandoo (Local itching including surrounding areas)</b>
<b>0</b>	No pain.	No burning sensation.	No itching.
<b>1</b>	Mild pain on touch.	Mild occasional episodes of burning.	Mild occasional episodes of itching.
<b>2</b>	Mild pain even occasionally.	Moderate continuous burning sensation	Moderate continuous itching sensation.
<b>3</b>	Continuous, severe pain throughout day and night.	Severe continuous burning disturbing sleep.	Severe continuous itching disturbing sleep.

Table No. 5 - Objective criteria:

	<b>Tenderness</b>	<b>Sraava (quantity of discharge)</b>	<b>Epithelialization</b>
<b>0</b>	No tenderness	No discharge.	No epithelialization
<b>1</b>	Tenderness on deep palpation.	Serous discharge.	Less than 50%
<b>2</b>	Tenderness on moderate pressure.	Seropurulent discharge.	More than 50% and not complete
<b>3</b>	Tenderness on touch	Purulent discharge.	More than 90 % and complete

Table No. 6 - Scar evaluation scale

	Scar category	Points
<b>Width</b>	Above 2mm bellow 2 mm	1 0
<b>Height</b>	Elevated/depressed in relation to surrounding skin Same	1 0
<b>Colour</b>	Darker than surrounding skin Same	1 0
<b>Hatch/Suture marks</b>	Present Absent	1 0
<b>Over all appearance</b>	Poor Good	1 0

It incorporates assessments of individual attributes and overall appearance to yield a score ranging from 0 (best) to 5 (worst)

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